

MHNP Consulting

Sonia Miller MHSc Nurse Practitioner – Psychiatry & Psychotherapy

Mb: 0425 723 609

Email: mhnpconsulting@gmail.com

No GP Treatment Plan or medical specialist referral required to access Nurse Practitioner services. Unlimited number of sessions with MBS rebate available at affordable rates. Assessment of payment options and other eligible funding will be provided on initial consultation.

Nurse Practitioner Services

Consulting in the Frankston Peninsula area, outreach and telehealth services available.

Clients benefit from access to Medicare

Now there are more choices for you in accessing the mental health care you need, when you need it. Nurse Practitioners (NP) are endorsed under AHPRA to perform extended skills beyond a registered nurse. As a Nurse Practitioner – my scope includes Psychiatry, Credentialed Mental Health Nurse and Psychotherapy services. I have been a nurse for over 30 years starting my career in neurosciences and paediatrics, then specializing in mental health and developmental psychiatry for over 27 years. In 2010 the Australian Government introduced arrangements to allow NPs to provide health services under Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). These services will be provided in accordance with relevant legislation, Nurse Practitioner authorizations under section 14A *DPCS Act 1981*. My scope of Practice and prescribing notations includes Mental Health, Primary Health and Paediatric Health Care. I have post graduate qualifications in developmental psychiatry, drug and alcohol and a range of psychotherapies, along with Master of Health Science in Advanced Mental Health and Nurse Practitioner. I work with your health care providers to deliver safe, high quality services. You will be able to access PBS prescriptions, rebates through the MBS and a range of other fully funded options for eligible clients.

What do I offer?

- Provide comprehensive biopsychosocial, drug and alcohol and developmental assessments (inc. ADOS assessment)
- Undertake a clinical and mental health examination, use a range of clinical assessment tools & monitor progress
- Arranging any necessary diagnostic investigations and pathology testing
- Formulate and confirm diagnosis
- Referrals to medical specialist allowing MBS rebate, valid for 12 months
- Prescribing medications
- Issuing sick/medical certificates
- Develop an individualized recovery plan
- Therapeutic models include: EMDR, Acceptance Commitment Therapy, Dialectical Behavioural Therapy, Cognitive Behavioural Therapy, Brief Intervention Models, Suicide Prevention and Intervention, Non-Directive Perinatal Counselling, Narrative Therapy, Trauma focused approaches, Psycho-education and AAT certified.
- Therapeutic approaches for children – Play Therapy, Visual Arts Therapy, Child Focused Cognitive Behavioural Therapy, Behavioural Strategies, Relaxation Strategies, Skills Training, Interpersonal Therapy, Family Support, Parental Strategies and Psycho-education.
- Age groups: Primary school, Youth and Adults

Access is by Self-referral. A letter from your doctor or health care provider is helpful but not necessary. Services are provided with NP MBS item rebates; registered provider for Victims of Crime Counselling, NDIS registered provider for Therapy Supports services and NP services, Carers Gateway, WDP sponsor and registered as an ACA level 4 clinical psychotherapist allow private insurance rebates.

If you would like to discuss your referral in more detail, please contact me on above number or email.

Sonia Miller NP – Mental Health

Endorsed Nurse Practitioner – Provider No.: 4713027X

Credentialed ACMHN - 1176

Australian Counselling Association – Level 4 Clinical Psychotherapist - 11142

NDIS Registered Provider – 4-4331-2848

ABN: 80 670 144 634



Payment and Fees 2024

- Payment of fees is required at the time of consultation unless you have been referred under a subsidised funding program.
- If you have been referred for mental health assessment or counselling/psychotherapy under a subsidised funding you must bring relevant documentation; ensure your doctor or referring agency have provided all relevant documentation confirming your eligibility to avoid being charged the consultation fee. Subsidised programs may include:
 - Primary Mental Health Services
 - Carers Gateway
 - NDIS
 - Chronic Disease Management Plans
 - Pregnancy Support Counselling, or
 - Victims of Crime Assistance Tribunal (VOCAT)
- For full fee paying clients:

Please complete the MHNP Consulting registration form and request your GP signature (in space provided) for consent of exchange of health information. No Mental Health Treatment Plan required.

The fee for individual appointments: \$240.00

The fee for couple or family support work: between \$270 for two people and \$50 for every extra person.

** fee increases are less than the annual CPI index
- To be eligible for a Medicare rebate under Nurse Practitioner Medicare Items the fee must be paid at the time of consultation and a receipt of payment will be provided to enable Medicare rebate claiming. Current NP long consult Medicare rebate is currently \$54.85. The Medicare rebate does not cover the entire cost of your consultation – refer to above listed fees. We do not have the facilities for lodging Medicare claims at this office. Please refer to MyGov for accessing the MyGov app to uploading your receipt for MBS rebates within 48 hours.
<https://www.servicesaustralia.gov.au/individuals/subjects/about-mygov>

Cancellation fee:

Notice given	Fee
1 week preferred	0
3 working days	\$50
48 hours before consult	Full fee booked

PLEASE NOTIFY MHNP CONSULTING IF YOU NO LONGER REQUIRE THE APPOINTMENT SO IT CAN BE GIVEN TO THE NEXT PERSON ON THE WAITING LIST. Booking of consultation rooms involves a cost to the service provider and short notice cancellations cause a limited ability to offer the appointment to other clients therefore the above fees apply for all cancellations for full fee or bulk billed clients. Thank you for your thoughtfulness regarding bookings obligations.

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Registration/ Referral Form

Strictly Confidential - This service is provided under National Health (Collaborative arrangements for nurse practitioners) Determination 2010 and Drugs, poisons and controlled substances Act 1981, approval under section 14A (1) Nurse Practitioner. Mental Health Care and is bound by the Commonwealth Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 the Personally Controlled Electronic Health Records Act 2012

Patient Details Please tick if self-referred

Name:	Medicare Number:
Date of Birth:/...../.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
Address:	Expiry date:/.....
Mobile Phone:	Diagnosis:
Email:	Medication/s:
Next of Kin:	
Next of Kin Ph/Mb:	

Details are taken by phone or in person for appointment booking confirmation & cancellations:

Cancellation Policy: https://www.mhnpconsulting.com/about_us

Credit card details: Expiration date: / CVV/CVV2:

Are you eligible for NDIS? If so please complete below

	Yes	No
Do you have an NDIS plan?	<input type="checkbox"/>	<input type="checkbox"/>
Are you - Self managed		
- Plan Management Provider managed	<input type="checkbox"/>	<input type="checkbox"/>
- NDIA managed	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Support Coordinator?	<input type="checkbox"/>	<input type="checkbox"/>
Plan Manager and/or Support Coordinator. Name:		
Agency and address:		
Contact details:		

Medical Practitioner Details

Name: Dr
Practice:
Address:
Phone numbers:
Fax:
Signature:
Provider No.:

Presenting issues: please provide reason for referral, current presenting issues including risk and previous interventions provided (attach relevant assessment summary)

RECORD OF CONSENT

Please indicate who is consenting to referral, collection, use and disclosure of health information in the course of health assessment, therapeutic interventions, and report to assist treatment.

Adult patient Child /adolescent patient (mature minor) Child / adolescent parent or guardian

Please indicate which method/s of transferring health information you consent:

Fax Email Australia Post Registered mail (you agreed to pay for the cost) PCEHR

Patient / Parent or Guardian to Complete

I agree to information about my mental health and wellbeing being collected, used and disclosed to the Nurse Practitioner – Mental Health / Psychiatry I am referred to, to assist in the management of my health care.

Patient/Parent/Guardian **Name:**

Date:

Patient/ Parent /Guardian **Signature:**

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Postal address: PO Box 861, Mount Eliza VIC 3930

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