PATIENT SERVICE AGREEMENT

CmyNP Pty Ltd

Date 3/10/2026 | Version 1.1

Important note: Please read this Agreement carefully before you begin treatment with CmyNP. It explains what services we provide, how we work, what we need from you, and what you can expect from us. If you have any questions, please ask us before you sign.

DEFINITIONS

The following words and phrases have these meanings in this Agreement: it means

Agreement means this Patient Service Agreement, including any schedules or annexures.

AHPRA means The Australian Health Practitioner Regulation Agency, which registers and regulates health practitioners in Australia.

Bulk Billing is where CmyNP accepts the Medicare benefit as full payment for a service, and you pay nothing.

CmyNP / We / Us refers to CmyNP Pty Ltd ACN 697376453, trading as CmyNP, operated by Shari Edwards, Nurse Practitioner.

Consultation means a clinical appointment with CmyNP, whether in person or by telehealth.

Dosing Point / Nominated Pharmacy refers to the pharmacy or clinic nominated on your prescription where you collect or consume your OST medicine.

Medicare means The Commonwealth Medicare scheme under the Health Insurance Act 1973 (Cth).

MBS means The Medicare Benefits Schedule, which lists the medical services that attract a Medicare rebate.

OST/ODT/OTP Opioid Dependence Treatment is the pharmacotherapy treatment for opioid use disorder, including methadone, sublingual buprenorphine, buprenorphine-naloxone, and long-acting injectable (depot) buprenorphine.

Private Fee is a fee charged directly to you for a service that is not bulk billed.

QScript is the Queensland Health's real-time prescription monitoring system, which records information about certain medicines prescribed and dispensed to you in Queensland.

SafeScript NSW is the NSW real-time prescription monitoring and authority platform for Schedule 8 medicines, operated by NSW Health.

Services refers to the clinical and related services provided by CmyNP as described in clause 4.

Takeaway Doses refers to the OST medicine supplied to you for consumption away from the Nominated Pharmacy, subject to clinical and legal criteria.

Telehealth Consultation is the consultation conducted remotely by video or phone.

You / Patient is the person who has entered into this Agreement with CmyNP, or their authorised representative.

PART A - ABOUT US AND THIS AGREEMENT

1. WHO WE ARE

(a) CmyNP Pty Ltd (ACN 697376453) trades as CmyNP. We are a telehealth and primary care practice operated by Shari Edwards, an endorsed Nurse Practitioner registered with AHPRA Registration No. NMW0001666654.

(b) We provide primary healthcare services and opioid dependence treatment (ODT) to patients in Queensland and New South Wales.

(c) Our Medicare provider number is available on request.

(d) We are required by law to hold professional indemnity insurance to practise. Our current insurer is COVERFORCE GIB PTY LTD (Policy No. 03MIS2787539).

2. WHAT THIS AGREEMENT COVERS

This Agreement sets out the terms on which CmyNP provides services to you. It covers:

(a) the services we offer and how we deliver them;

(b) your rights and responsibilities as a patient;

(c) how we handle your health information;

(d) how fees and Medicare work;

(e) our cancellation and non-attendance policy; and

(f) other important legal matters.

By booking an appointment or accepting treatment with CmyNP, you agree to be bound by this Agreement. If you do not agree, please let us know before your first appointment and we will discuss your options with you.

3. HOW TO CONTACT US

You can reach us at: Email: admin@cmynp.com.au Phone: 0424 260 578 Website: www.cmynp.com.au

PART B - OUR SERVICES

4. WHAT WE DO

CmyNP provides the following services:

(a) General primary care: We offer telehealth and in-person consultations for a range of primary healthcare needs, including assessment, diagnosis, prescribing, referrals, care coordination, and ongoing management of chronic conditions. We work with patients of all ages, across Queensland and New South Wales.

(b) Opioid treatment services (OST): We provide pharmacotherapy treatment for opioid dependence as part of the NSW Opioid Treatment Program (OTP) and the equivalent Queensland opioid treatment framework. The medications we prescribe include:

(i) oral methadone - taken daily often under supervised dosing conditions, with limited takeaway doses available subject to clinical and legal criteria;

(ii) sublingual buprenorphine and buprenorphine-naloxone (for example, Suboxone or Subutex) - taken orally often under supervised dosing and with the ability to have takeaways being subject to criteria; and

(iii) long-acting injectable (depot) buprenorphine (for example, Buvidal) - given by injection, usually in a dosing clinic setting or pharmacy, with less frequent dosing and a different risk profile to oral medications.

Before we can prescribe OST medicines, we must obtain prescribing authority from the relevant state health authority (for NSW or Queensland patients, as applicable to where you are). We will tell you if there is any delay in obtaining that authority.

(c) Our clinical discretion: We always work within the law and our professional obligations. We may decline to start, vary, or stop any service - including OST - if:

(i) we do not yet have the required government authority to prescribe;

(ii) the clinical criteria for that treatment are not met;

(iii) continuing treatment would breach any law, professional guideline, or AHPRA standard; or

(iv) there are safety concerns that make it inappropriate to continue.

If we need to stop or change your treatment, we will always do our best to ensure your continuity of care and help you find appropriate support.

5. HOW WE DELIVER SERVICES

(a) We deliver services by telehealth (video or phone) and, where required, in person. Most consultations will be conducted by telehealth. Our preference is to bulk bill you. We aim to see you in person whenever possible:

(i) it is your first consultation and we need to satisfy Medicare's in-person requirement for bulk billing of future telehealth consultations (see clause 10); or

(ii) your clinical needs make an in-person consultation necessary, for example at a courthouse, transition accommodation, or other location.

(iii) your situation meets a 12 month lookback exemption

(b) We will always try to be flexible and work around your circumstances. If you are unsure whether we can see you in your location, just ask.

6. TELEHEALTH CONSULTATIONS - WHAT YOU NEED TO KNOW

(a) Please be in a private, safe location for your telehealth appointment, where you can speak and hear clearly.

(b) You will need a working phone or device with internet access for video consultations.

(c) For your first appointment, we will ask you to show a government-issued photo ID (for example, a driver's licence or passport) so we can verify your identity. We may also ask for this at future appointments. If we cannot verify your identity, we may need to reschedule.

(d) If the connection drops out during an appointment, we will try to call you back. If we cannot reconnect and cannot complete the consultation safely, we will reschedule. We are not responsible for technical issues caused by your internet or phone service.

(e) If we are concerned for your safety during a telehealth consultation, we may contact emergency services at your last known address. You agree to this by booking with us.

(f) When you are in New South Wales during a consultation, NSW law applies to any prescribing we do - including SafeScript NSW requirements. When you are in Queensland, Queensland law applies, including QScript requirements. This is the case regardless of where we are located.

(g) You accept that a video or phone consultation cannot replace an in-person physical assessment (for example, listening to your chest or physically inspecting a wound). Some

parts of your care will always need to be done in person, and we will tell you when this is the case and help you arrange it.

PART C - OPIOID TREATMENT: PRESCRIBING, DOSING AND MONITORING

7. ENROLLING IN THE OPIOID TREATMENT PROGRAM

(a) Before we can prescribe OST medicines, we need to formally enrol you in the relevant opioid treatment program. For NSW patients, this is done through SafeScript NSW or by application to the relevant NSW health authority. For QLD patients, we follow the equivalent Queensland Health process.

(b) Treatment cannot begin until enrolment is approved and we have the required prescribing authority. We will apply as quickly as possible and keep you informed of progress.

(c) If we need to stop treating you, or if you change prescribers, we will notify the relevant authority as required by law. If your Nominated Pharmacy or dosing location changes, please tell us straight away so we can update your records and your prescription.

8. YOUR NOMINATED PHARMACY AND SUPERVISED DOSING

Your prescription will nominate a specific pharmacy or clinic where you collect or consume your OST medicine (your Dosing Point). Please read the following carefully as it sets out how this works and what is expected of you.

(a) Supervised doses must be consumed on-site at your Nominated Pharmacy or Dosing Point. You cannot take a supervised dose away from the pharmacy. Doses are served in turn, while maintaining your privacy.

(b) You must attend your Nominated Pharmacy within the dosing window on your prescription. If you miss a dose, we will be notified and may need to review your treatment.

(c) Takeaway doses - if you are eligible for takeaway doses, these will be specified on your prescription. Takeaways are a clinical privilege, not a right. They depend on your clinical progress, legal criteria, and your prescriber's assessment. We can change or withdraw takeaway arrangements at any time if we have clinical or safety concerns.

(d) Your prescription must be followed exactly. The dose on the prescription is the dose you receive - your pharmacy cannot vary it.

(e) Your Nominated Pharmacy operates independently of CmyNP. We do not control their opening hours, staffing, or internal processes. We are not responsible for missed doses, delays, or refusals where the pharmacy is acting in line with its legal and professional obligations.

(f) If you need to change your Nominated Pharmacy, please contact us first. We need to update your prescription and notify the relevant authority before the change takes effect.

9. REAL-TIME PRESCRIPTION MONITORING

Australia's state and territory governments operate systems that record information about certain medicines prescribed and dispensed to you. This is to protect your safety and the safety of others.

(a) In Queensland, QScript records information about monitored medicines (including opioids, benzodiazepines, and certain other medicines) prescribed and dispensed to you. We are required by law to check QScript before prescribing those medicines.

(b) In New South Wales, SafeScript NSW performs a similar function for Schedule 8 medicines and is also the system we use to apply for OTP prescribing authority and to manage your dosing points.

(c) Your prescription history in these systems can be seen by other authorised health practitioners involved in your care - for example, your GP, other prescribers, and pharmacists. This is required by law and is not something we can prevent.

(d) If information in QScript or SafeScript NSW suggests there may be a safety concern - for example, multiple prescribers, a dangerous combination of medicines, or potential diversion - we may need to alter or stop your prescriptions. We may also need to contact other treating practitioners, pharmacies, or regulatory authorities. We will always act in your best clinical interests and with your safety as the priority.

By entering into this Agreement, you acknowledge that your prescribing information will be shared through these systems as required by law. This is explained further in our Privacy Policy, which you can find at www.cmynp.com.au

PART D - FEES AND MEDICARE

10. HOW WE CHARGE FOR OUR SERVICES

Different services are charged in different ways depending on how they are funded. Here is a plain explanation of how it works.

10.1 **Government-funded program services.** If you are receiving services under a government-funded program arrangement, your treatment is funded by the government through that program. You pay nothing for these services. We do not bill you directly and do not bill Medicare for block-funded services.

10.2 **Bulk-billed Medicare services.**

(a) For services outside the government-funded program, we may bulk bill eligible services through Medicare. This means:

(i) CmyNP accepts the Medicare benefit as full payment for the service;

(ii) you pay nothing; and

(iii) you assign your right to the Medicare benefit to CmyNP by signing a bulk billing form at your appointment.

(b) To bulk bill a telehealth consultation, Medicare requires that we have seen you in person at least once in the previous 12 months. This is a Medicare rule, not ours. If we have not seen you in person in the last 12 months, we may not be able to bulk bill your telehealth appointment. We will always tell you in advance if this applies to you.

(c) We do not bulk bill all services and reserve the right to change our bulk billing arrangements. We will tell you before your appointment if a service will not be bulk billed.

10.3 **Privately billed services.** At present, CmyNP accepts the Medicare rebate as full payment for our services. This means that provided you consent and sign the assignment of benefit form, you will have no out-of-pocket costs. If you choose not to assign your Medicare benefit to us, the private fees listed below will apply to your treatment.

(a) For services that are not bulk billed, our fees are:

Brief, straightforward issue: $15 | 6 to 19 minutes: $30 | 20 to 39 minutes: $53 | 40 to 59 minutes: $80 | 60 minutes or more: $120

(b) Our private fees are set below the full Medicare schedule fee. If the service is MBS-eligible, Medicare refunds 85% of the schedule fee, which covers most but not all of our fee, so a small out-of-pocket amount may remain. You claim this rebate directly from Medicare - we do not claim it on your behalf for private services.

10.4 **Services with no Medicare rebate.** Some services do not attract a Medicare rebate at all. These include medico-legal reports, letters for courts or legal proceedings, administrative tasks, and some script reviews. We will tell you before we do any of this work so you can decide whether to proceed.

10.5 **Payment.** Private fees are payable at time of your consultation. We accept payment by BPAY, Direct Debit, EFTPOS, PAYID.

11. CANCELLATIONS AND MISSED APPOINTMENTS

We understand that life can be unpredictable, especially for people managing complex health challenges. Our cancellation policy is designed to be fair while also allowing us to keep running a practice that can keep helping you and others.

(a) If you need to cancel or reschedule your appointment, please give us at least 2 hours notice. You can do this by calling or messaging us.

(b) If you do not attend your appointment and do not cancel with at least 2 hours notice, we may charge a non-attendance fee of $30. This fee is not covered by Medicare or private health insurance and must be paid directly by you.

(c) We will always use our clinical judgment before applying a non-attendance fee. We understand that genuine emergencies happen - particularly if you are involved with child safety services, the justice system, or other circumstances outside your control. Please just let us know as soon as you can.

(d) If you miss two or more appointments or cancel late within any three-month period, we may ask you to prepay before booking future appointments, or we may need to discharge you from the practice. If that happens, we will always give you time to find another provider and will help with referrals.

(e) Non-attendance fees are not billed to Medicare. We bill you directly.

PART E - YOUR RESPONSIBILITIES

12. WHAT WE ASK OF YOU

To keep your treatment safe and effective, and to allow us to keep delivering services to everyone in our practice, we ask that you:

(a) Give us accurate and up-to-date information about your health, the medicines you are taking (including medicines from other prescribers), and anything else that could affect your treatment.

(b) Tell us straight away if you see another prescriber, or if you are prescribed any controlled medicines, opioids, or benzodiazepines by another health practitioner.

(c) Only use OST medicines as prescribed. Do not divert, sell, share, or give away your OST medicines to anyone else. Diversion of OST medicines is illegal and will result in a clinical review of your treatment and may be reported to the relevant authority.

(d) Attend your Nominated Pharmacy for supervised dosing as required, and within the times specified on your prescription.

(e) Not attend your consultation or your Nominated Pharmacy if you are under the influence of illicit substances or alcohol in a way that affects your safety or behaviour. If you arrive in that state, we may need to decline to consult with you or decline to dispense your medication, and we will arrange a clinical review.

(f) Treat CmyNP staff, pharmacy staff, and any other health or support staff involved in your care with respect. We take the safety and wellbeing of our team and our partner organisations seriously. Aggressive, threatening, or abusive behaviour towards any of them may result in your immediate discharge from our practice, subject to our continuity of care obligations.

(g) Let us know if your contact details, address, or Medicare details change.

(h) Tell us if you are planning to travel interstate or overseas, as this may affect your dosing arrangements and we may need to make alternative plans with you in advance.

13. BEHAVIOURAL EXPECTATIONS AND CONSEQUENCES

(a) We work with people facing some of life's hardest challenges, and we are not here to judge. But we do need a safe environment for our team, our partners, and all of our patients.

(b) If you engage in any of the following, we may need to review or end your treatment with us:

(i) diverting, sharing, or selling your OST medicines;

(ii) providing false or misleading information to obtain medicines;

(iii) threatening, harassing, or abusing our staff or the staff of our partners;

(iv) repeated non-attendance without notice; or

(v) any conduct that puts other patients, our staff, or members of the public at risk.

(c) If we need to discharge you from our practice, we will give you as much notice as clinically appropriate, provide a summary of your current treatment, and help you find another provider. We will always consider your safety and continuity of care.

PART F - YOUR HEALTH INFORMATION AND PRIVACY

14. HOW WE COLLECT AND USE YOUR INFORMATION

(a) We collect personal and health information about you to provide safe and effective clinical care. This includes your name, contact details, Medicare number, medical history, diagnoses, prescriptions, and clinical notes.

(b) Your information is stored in Halaxy, our secure, Australian-based clinical management system. We may also use secure administrative systems for email, communications, and accounting. Our Privacy Policy explains how each system handles your data.

(c) We are required by law to share information about your prescriptions and treatment with:

(i) SafeScript NSW and QScript, as described in clause 9;

(ii) your Nominated Pharmacy for dosing and dispensing purposes;

(iii) pathology services, where we request tests on your behalf;

(iv) government health departments and program funders, where required by law or under our service agreements; and

(v) other treating health practitioners involved in your care, where clinically necessary.

(d) We keep your records for a minimum of 7 years from the date of your last consultation (or longer for child patients as required by law). We handle all health information in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

(e) Our full Privacy Policy is available on our website at www.cmynp.com.au and sets out your rights to access and correct your information, how to make a privacy complaint, and how we manage data security.

15. CONSENT

(a) By signing this Agreement, you consent to:

(i) CmyNP collecting, holding, using, and sharing your health information as described in clause 14 and our Privacy Policy;

(ii) your prescription information being recorded in SafeScript NSW and QScript and accessed by other authorised health practitioners;

(iii) CmyNP contacting emergency services at your last known location if we are concerned for your safety during a consultation;

(iv) CmyNP recording consultations for clinical purposes, where you have been told this will occur and have agreed; and

(v) CmyNP transmitting electronic prescriptions (eScripts), digital referrals, and online medical certificates to your nominated mobile phone number, email address, or My Health Record, using the contact details you have provided with us.

(b) You can withdraw your consent at any time by contacting us in writing. If you withdraw consent in a way that prevents us from providing safe and lawful care, we may need to end our clinical relationship with you.

PART G - LEGAL MATTERS

16. OUR LIABILITY TO YOU

We are committed to providing safe, professional, and high-quality clinical care. The following provisions set out the limits of our legal responsibility to you.

(a) Nothing in this Agreement excludes, restricts, or modifies any right or remedy you have under the Australian Consumer Law or any other law that cannot be excluded by agreement.

(b) To the maximum extent permitted by law, we exclude all liability for any loss or damage you suffer as a result of services provided under this Agreement, except to the extent caused by our negligence or wilful misconduct.

(c) We will never exclude or limit our liability for death or personal injury caused by our negligence.

(d) If we are liable to you for any reason, our total liability to you for all claims is limited to the total fees you have paid us in the 12 months before the claim arose.

(e) We are not responsible for the actions, decisions, or omissions of your Nominated Pharmacy, or any other third party involved in your care, except to the extent that we have been negligent in selecting or instructing them.

17. YOUR RESPONSIBILITIES TO US

You agree to indemnify and hold CmyNP harmless from any claim, loss, or damage arising from:

(a) false or misleading information you provide to us;

(b) your failure to follow the terms of this Agreement or our clinical instructions;

(c) your diversion or misuse of OST medicines; or

(d) your conduct towards our staff, partners, or other patients.

18. COMPLAINTS

We take complaints seriously and want to know if something has not gone well. If you are unhappy with our services, please:

(a) contact us directly at feedback@cmynp.com.au and we will do our best to resolve it quickly; or

(b) if you are not satisfied with our response, you can contact AHPRA (www.ahpra.gov.au) or, depending on your state, the NSW Health Care Complaints Commission (www.hccc.nsw.gov.au) or the Queensland Health Ombudsman (www.oho.qld.gov.au).

19. GOVERNING LAW

This Agreement is governed by the laws of New South Wales, Australia. Both parties submit to the non-exclusive jurisdiction of the courts of New South Wales. Where you are located in

Queensland at the time of a consultation, Queensland law also applies to any prescribing carried out during that consultation.

20. CHANGES TO THIS AGREEMENT

We may update this Agreement from time to time to reflect changes in our services, the law, or our regulatory obligations. We will give you at least 14 days notice of any material change by email or at your next appointment. Continued use of our services after that notice period means you accept the updated Agreement.

21. WEBSITE TERMS AND CONDITIONS

Use of the CmyNP website (www.cmynp.com.au) and the Halaxy booking widget is governed by our separate Website Terms and Conditions. By booking an appointment through our website, you also agree to those terms. A copy of our Website Terms and Conditions is available on our website.

SIGNING PAGE

By signing below, you confirm that you have read and understood this Agreement and agree to be bound by its terms.

Signed by the Patient:	Signed for CmyNP Pty Ltd:
Signature of Patient	Signature of Director
	Shari Edwards
Name of Patient	Name of Director
Date	Date