# Albury Wodonga Aboriginal Health Service

### Service Information Brochure





Promoting longer, healthier living for our local Indigenous Community

644 Daniel Street, Glenroy, NSW, 2640 PH: 60401200

Free Call: 1800 421 640 Fax: 60401222 www.awahs.com.au

AWAHS thanks all of its funding bodies for the financial assistance which enables us to provide Health Care Services

### **Clinic Hours**

Monday	8:30am—5pm
Tuesday	8:30am—5pm
Wednesday	8:30am—5pm

(Closed 1:30pm—2:30pm fortnightly for meetings)

Thursday 8:30am—5pm

(Closed 8:30am—10am fortnightly for meetings)

Friday 8:30am—5pm Saturday Closed Sunday Closed

### **After Hours Care Arrangements**

Our practice provides care for clients 8:30am to 5pm Monday to Friday with a Doctor available every day.

For after hours care, please phone the Albury After Hours Clinic on 6021 0188

If it is an emergency please phone **000** or present to the emergency department at your closest hospital (Albury Base Hospital or Wodonga Hospital)

### **Emergency Contacts**

Emergency Services	000
Albury Base Hospital	6058 4444
Wodonga Hospital	6051 7111
Albury After Hours Clinic	6021 0188
Lifeline	131 114
Kids Help Line	1800 551 800
Suicide Prevention NSW	1300 363 622
Suicide Prevention VIC	1300 651 251
Albury Police Station Wodonga Police Station	6023 9299 6049 2600

### **Services Available**

### **CLINICAL**

- ♦ Doctor Appointments
- Antenatal Care
- Immunisations
- Paediatrician
- Family Planning
- Men's Health Nurse

### **ALLIED HEALTH**

- ♦ Dietician
- Speech Pathology
- Occupational Therapist
- Social worker
- ♦ Chronic Disease
- Optometrist

- Nurse/Midwifery Appointments
- Adult & Child Health Checks
- Skin Checks
- Asthma Plans
- Women's Check
- Podiatrist
- Diabetes Education
- Psychologist
- Psychiatrist
- Renal Physician

### SOCIAL & EMOTIONAL WELLBEING

- Drug & Alcohol Counselling
- Drug & Alcohol Support Worker
- Stolen Generation Counselling
- Mental Health Worker
- Health Promotion Worker

### DENTAL

- Adult dental care
- Child dental care
- Oral health therapist
- Oral health promotion worker

### **OTHER**

- Quit Smoking Program
- Legal Services
- Centrelink

Our services cater for Aboriginal and Torres Strait Islander people and their immediate families. AWAHS sees non indigenous patients who are connected to the community for medical services only.

### **Management/Administration & Transport Team**



Mr David Noonan



Sharryn Ward Practice Manager



Karen Maidment PA to CEO



Rowan Simmons IT Manager



Joy Kelly WHS Officer



**Program Manager** 

Jovie-Leah Ingram CQI Officer



Leanne Rule Reception/Admin Supervisor



Brittany Wright Reception/Admin



Maree Chatfield Reception/Admin



Ashleigh Ballard Admin/Recep Trainee



Cassie Dennis Admin/Recep Trainee



Kevin Melrose Trans Coordinator



Phillip Murray Trans Driver



Tammy Murray Trans Driver

### **Dental Team**



Dr Rohan Jayachandran **Dentist** 



Venuga Kugathasan **Dentist** 



Mia Owczarek
Oral Health Therapist



Clare Biacsi

Dental Assistant



Emily Moffitt DA/Oral Health



Kezlee Pickett Trainee Dental Assistant

### **Clinical Team**



Dr Asm Asaduzzaman Senior GP



Dr Tess Goodwin **Doctor/ Obstetrician** 



Dr Leah Dunne GP



Dr Pat Giddings Doctor/Obstetrician



Dr Khatijah Khhalilur Rahman Doctor



Dr Kiralee Bartholomew **GP Registrar** 



**GP Registrar** 



Dr Bryan Ngui **GP Registrar** 



Pranjal Deka GP Registrar



Dr Ferencz Baranyay Outreach GP



Dr Rasmita Mishra **GP** Registrar



Norman Dulvarie Clinic Nurse Ab Health Practitioner/ BSF



**Practice Nurse** 

Kylie Wagstaff Practice Nurse



Jocelyn Wright Aboriginal Health Worker



Fiona Bradbury Chronic Disease **Care Coordinator** 



Lynette Robertson **Chronic Disease** Nurse



Megan Clayton **Chronic Disease Outreach Worker** 



Kayleen Filliponi Child & Family **Health Nurse** 



Paula Harrison Child & Family **Health Nurse** 



Kate Preston Midwife

## Social & Emotional Wellbeing & Health Promotion Team



Ms Joanne Taylor **BTH Counsellor** 



Mrs Yvonne Nichol **D&A Counsellor** 



Ms Teisha Maksymow D&A Outreach Worker Mental Health Worker PIR Support Worker



Mr Teresa Blair



Miss Lyn Johnson



Selina Clark **Health Promo** 



Adrian O'Callaghan **D&A Counsellor** 



Desiree Walker Mental Health Worker



Kristin Barrett **Psychiatrists** 

### **Allied Health**



Susie Summons Dietitian



Joel Harris **Psychologists** 



Edwina Ventress Speech Pathology



Lauren Blatchford Podiatrist /Diabetes Ed



Karina Chaves Paediatrician



James Carter Paediatrician





Annabelle Martin Renal Physician

**Appointments** 

You will generally need to make an appointment to be seen at AWAHS. New patients need to fill out our "new patient form". Patients who do not provide their Proof of Aboriginality can only access appointments with GPs and nurses.

We will try our best for you to see the staff member you prefer, in a time that suits you. Emergencies will always be given priority and our reception staff will try to contact you if there is any delay or the staff member has been called away. Longer consultation times are available; please ask our reception staff if you need some extra time with the staff member when booking your appointment.

### AWAHS is a bulk billing clinic.

There is no cost for general dental treatment. The only time where there may be out of pocket expenses if any lab work is required e.g. crowns and dentures etc.

### **Appointment reminders**

We will phone or SMS/text you on the day before and morning of your appointment to confirm your appointment and/or transport.

### Reminder System

Our practice is committed to <u>preventative care</u>. We may send reminder notes or make phone calls offering you services you may want/need e.g. immunisations, pap tests, diabetes check-ups.

### Home Visits and Phone Access

Home visits are available for regular clients whose condition prevents them from attending AWAHS. If you need to speak with a clinical staff member, the nurse is available to provide assistance.

### Results of Test

if doctor wishes to discuss your results we will notify you to arrange an appointment.

### Referrals

Our doctors will refer you to specialists and specialist services when necessary. AWAHS staff will book your specialist appointment and make you fully aware of any out of pocket expenses. We will phone you the day before this appointment with a reminder.

If you do not wish us to make these arrangements for you, please advise our reception staff.

**Transport** 

Transport is available between 8:30am (1<sup>st</sup> client pickup) and 4:30pm (last client drop off) and MUST be booked at the time of making appointment. Clients must be ready at the time and place confirmed by AWAHS on day of appointment. If a client is not ready by the time the transport driver arrives at place of pick up, the transport driver is not able to wait and therefore will drive off.

If any client fails to be at the agreed pick up point 3 times in a row that client will not be offered Medical transport for a period of 3 months.

Due to demand for our services, if we cannot contact you for your appointment your transport will be cancelled. Please make sure we have your current phone number and address.

### **Management Of Your Personal Information**

Your medical records are confidential. AWAHS is committed to keeping your personal health information secure and private. Authorized staff members and other third party health providers involved in your care (specialists, other GPs, pharmacies etc.) are the only people who can discuss your medical records.

All AWAHS staff are required to sign confidentiality agreements.

### **Release of Medical Records**

Patient's can have their medical records from previous practices sent to AWAHS. Reception can organize this for you once you have filled out and signed our 'consent to release medical records form'

If a patient would like their records from AWAHS sent to another practice, patients will have to sign a 'consent to release medical records' from that practice.

### **Client Rights**

- Access: I have the right to health care
- Safety: I have a right to receive safe and high quality care
- Respect: I have a right to be shown respect, dignity and consideration
- Communication: I have a right to be informed about services, treatment, options and costs in a clear and open way
- Participation: I have a right to be included in decisions and choices about my care
- Privacy: I have a right to privacy and confidentiality of my person information
- Comment: I have a right to comment on my care and have my concerns addressed

### **Client Responsibilities**

- Give accurate information regarding your medical history
- Notify your doctor of any unexpected changes relating to your health
- ♦ Actively participate in decisions regarding your health care
- Follow the treatment plan as agreed upon by you and your doctor
- Be accountable for the outcome if you or your family refuses
- atreatment or fails to properly follow instructions
- Respect the right of others and observe the rules of common curtesy

### **All Clients Must**

- Treat AWAHS staff and other AWAHS clients with RESPECT and courtesy at all times
- Notify AWAHS when they change address or contact details
- When accessing AWAHS transport, make sure they are READY when our driver arrives to take them to their medical destination
- ♦ Take responsibility for the results of any decisions they make

### **Comments/Complaints**

Are you happy with our service?

If not or if you have a problem or any issues you wish to discuss further, we would like to hear about it!

All complaints or feedback needs to be addressed through the CEO via:

- Complete a feedback from at AWAHS
- ♦ Write to : CEO, PO Box 3040 Albury NSW 2640
- ◆ Talk to the CEO or one of the AWAHS staff
- Visit www.awahs.com.au/feedback

We take your concerns, suggestions and complaints seriously and all matters will be dealt with.

You can also make complaints to:

Health Care Complaints Commission Level 13, 323 Castlereagh St, Sydney Locked Bag, Strawberry Hills, NSW Phone: 1800 043 159 (toll free) or 02 9219 7444

Website: www.act.gov.au/complaints

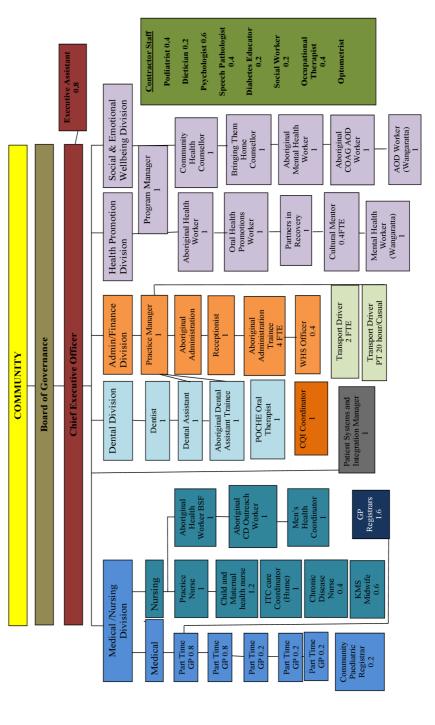
### 2016/2017 Board Members

Chairperson		Craig Taylor
Vice Chairperson	0.0	Brett Biles
Secretary		Elizabeth Heta
Treasurer		Allan Stewart
Member		Lyn Bell
Member		Mitch Hibbens
Member	-	Michelle Evans

# ALBURY WODONGA ABORIGINAL HEALTH SERVICE INC

# ORGANISATION CHART 2017

AWAHS is an Aboriginal Community Controlled Organisation that is fully funded by the Department of Health, Department of the Prime Minister and Cabinet and Department of Health NSW. No fees or charges are paid for services provided by the organisation.



### All dental patients will need to provide proof of Aboriginality. All **NEW** patients will need to provide this before an appointment is made.

### **Dental Costs**

### Dentures:

ITEM	HEALTH CARE CARD HOLDER PRICE	NON- HEALTH CARE CARD HOLDER PRICE
Full Upper & Lower Denture	\$385.00	\$770.00
Full Upper Denture	\$192.50	\$385.00
Full Lower Denture	\$192.50	\$385.00
Partial Acrylic Up To 4 Teeth	\$143.00	\$286.00
Partial Acrylic 4 To 7 Teeth	\$159.50	\$319.00
Full Denture Reline	\$99.00 per denture	\$198.00 per denture
Partial Denture Reline	\$82.50	\$165.00
Metal Partial Denture	\$198.00	\$396.00
Denture Repair Fracture Or Addition	\$66.00	\$132.00

### Crowns:

ITEM	HEALTH CARE CARD HOLDER PRICE	NON- HEALTH CARE CARD HOLDER PRICE
PFM Single Crown	\$190.00	\$270.00
PFM Multiple Units	\$110.00 + \$80.00 per tooth	\$110.00 + \$135.00 per tooth
Zirconia Single Crown	\$206.50	\$303.00
Zirconia Multiple Units	\$110.00 + \$96.50 per tooth	\$110.00 + \$193.00 per tooth
Metal Single Crown	\$217.50	\$325.00
Metal Multiple Units	\$110.00 + \$107.50 per tooth	\$110.00 + \$215.00 per tooth
Gold Single Crown	\$257.50	\$425.00
Gold Multiple Units	\$110.00 + \$157.50 per tooth	\$110.00 + \$315.00 per tooth
*Please note that the \$11	0.00 is a payment that covers handling costs of	and will be charged once per job*

### **Implants:**

ITEM	PRICE
Single Crown with Implant	\$700.00
Overdenture (2 Implants)	\$500.00 + Denture
Overdenture (4 Implants)	\$1000.00 + Denture
Fixed Implant Supported Denture	\$5000.00 (per upper or lower jaw)
*CT Scan X-ray will be required prior to any implant treatment -\$150.00*	

### Other:

ITEM	HEALTH CARE CARD HOLDER PRICE	NON- HEALTH CARE CARD HOLDER PRICE
Mouth Guard	\$110.00	\$110.00
Splint	\$143.00	\$286.00
Teeth Whitening	\$75.00 (limited time only)	\$75.00 (limited time only)

### Payment Plans, EFTPOS and Cash Payments available!

Please be aware that all treatments are subject to patient medical conditions and oral hygiene. Therefore treatment will be provided at the discretion of the Dentist. For more information or to make an appointment please see Dental Reception.

Please see below the Dental costs for 2018. Please note that these costs are for lab work ONLY. All appointments are bulk billing. Payment plans are available. For any enquiries please don't hesitate to contact Dental Reception

### **AWAHS Newsletter**

If you would like the receive the monthly AWAHS newsletter please fill out the form (see on next page) or visit www.awahs.com.au/what/newsletter/

### **AWAHS Membership**

### What does it mean to be a member of AWAHS?

Becoming a Member of AWAHS means you are entitled to attend and vote at the Annual General Meeting. Members are also eligible to attend and observe any Board of Governance (BOG) meeting. Any member of AWAHS is also eligible to apply to represent their community on the BOG.

### Who is eligible to apply for membership?

Aboriginal community members can apply for membership. Non-Aboriginal community members can apply for associate membership.

### How do I apply to become a member?

Application for Membership requires the applicant to fill out an "Application for membership" including nomination by two current members of the association. Visit <a href="www.awahs.com.au/about/membership/membership/">www.awahs.com.au/about/membership/membership/</a> to apply or see application form on following page or ask AWAHS reception for an application form.

Annual membership fee is \$2.00 and must be paid within 28 days of advice from the BOM of acceptance of membership application and thereafter by 30th of June each year.

### What is Nomination?

Each applicant for membership is to be nominated by two current members of the Association.

AWAHS NEWSLETTER SUBSCRIPTION		
Name:		
Address:		
Address.		
Email:		
I would like to receive AWAHS Newsletter via EMAIL		
I would like to receive AWAHS Newsletter via POST		
Tick both boxes if you would like to receive both email and post		
PLEASE RETURN YOUR COMPLETED SUBSCRIPTION AND FEEDBACK FORM TO AWAHS RECEPTION		
AWAHS NEWSLETTER FEEDBACK		
4 Nov. #4 have should be a sound to 2		
1. How did you hear about the newsletter?		
Attend AWAHS friends/family word of mouth other: other:		
2. a) Would you share the newsletter with anyone?		
YES (go to next question) NO		
b) if you answered yes, who would you share with?		
Friends/family work mates Community other:		
3. What information do you like in the newsletter?		
Child and family services Chronic Disease Services Social and Emotional Wellbeing		
Healthy eating/cooking Calender events		
Other:		
4. What information would you like to see in the newsletter?		
5. other information/comments/suggestions:		
AWAHS would like to thank you for your time and support		
Avvans would like to trially you for your time and support		

Albury Wodonga Aboriginal Health Service Inc. - Rules of Association

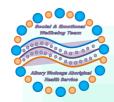
### APPENDIX 2

### APPLICATION FOR MEMBERSHIP

Albury Wodonga Aboriginal Health Service Inc.

Please ensure that you attach your Confirmation of Aboriginality to this application. Full Name of Applicant: Date of Birth: Address:.... I hereby apply to become a member of the above-named Association. In the event of my admission as a member, I agree to be bound by the Rules of the Association. Signature: ...... Date: ..... Nomination Each applicant for membership is to be nominated by two current members of the Association. Nominees: Full Name of First Nominee: Address..... ..... I hereby nominate the above applicant for membership of Albury Wodonga Aboriginal Health Service Inc. Signature: ...... Date: ..... Full Name of Second Nominee: Address..... ..... I hereby nominate the above applicant for membership of Albury Wodonga Aboriginal Health Service Inc. Signature:.....Date:..... Application presented to the AWAHS board meeting on \_\_\_\_/\_\_\_/\_\_\_ Moved:.... ☐ Confirmation of Aboriginality Sighted Seconded:.... The annual membership fee is \$2. This must be paid within 28 days of advice from the Board of Management of acceptance of membership application and thereafter by 30th June each year. 

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# Social Emotional Well Being Services



Aboriginal Clients & their families may be referred to the Social, Emotional & Wellbeing Team at Albury Wodonga Aboriginal Health Service if they are experiencing:

Loss & Grief issues

Alcohol & other drug issues

Stolen Generation issues

Mental Health Issues

General Counselling

### AWAHS Social and Emotional Wellbeing team consists of

Drug & Alcohol Counsellor Mental Health Worker Bringing Them Home Worker AOD Support Outreach Worker PIR Worker

You may find that having the opportunity to speak to someone at AWAHS to unload some of your concerns and worries may help you feel better.

These sessions are confidential and private. If you think that you may benefit from having a chat with our SEWB team you may be referred by:

Self referral: you can call AWAHS on 60401200, see AWAHS reception or fill out SELF referral form and give to an AWAHS worker.

Internal referral: see any AWAHS staff including doctor and nurse who will refer you to the SEWB team

External referral: see any workers other than AWAHS staff and ask them to call AWAHS on 60401200 to make an EXTERNAL referral to SEWB team.

For more information contact AWAHS on 60401200



### Albury Wodonga Aboriginal Health Service Social & Emotional Well Being Program Client SELF Referral Form

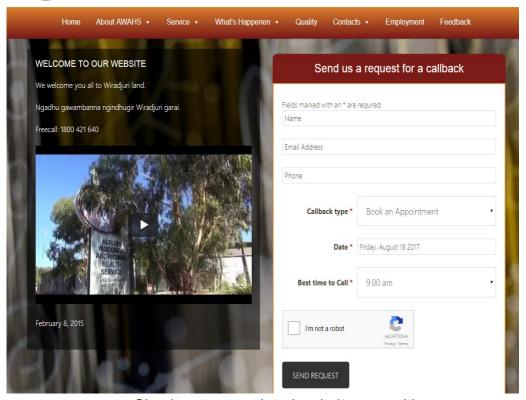
### If you need assistance with filling out this form please see RECEPTION or SEWB worker

<b>Is this referral for:</b> □ yourself (or OR □ someone else (complete qu	complete question 1, 2, 4, 6) estion 3, 4, 5, 6)	
1. CLIENT DETAILS:		
What is your Name:		Date Of Birth:
What is your Address:		
What is your Phone number?		
2. If AWAHS can't contact you,		
What is their name:	How do you know	this person?
What is their Address:		
What is their phone number:		s their mobile:
4. What is the REASON FOR you	u/the client wanting Social & Emotional We	ellbeing Services?
☐ Recent suicide attempt Mental Illness	☐ Recent alcohol/other drugs misuse	☐ Current
☐ History of suicide attempts  Mental Illness	☐ History of alcohol/other drugs misuse	☐ Previous
☐ Recent self-harm	☐ History of self-harm	☐ Domestic
Violence  ☐ Stolen Generation Issues: adoption	on/state ward/fostered	☐ Mandated
What level of risk is this person?	(see below)	□ Low
depression, anxiety, ABI, mental Medium: Issues relating to: Domes health issues,	cide, self harm, domestic violence, addictions, health issues; stic violence, anger management, depression, a tehabilitation, court issues, family issues, hous	nxiety, mental
5. If you are making this referral Know you are making the referral? Give consent for this referral?	for someone else do they: YES NO YES NO	
6. Consent:		
Please print your name:name:	Please sign your	

### www.awahs.com.au



FREE CALL: 1800 421 640 PHONE: (02) 60401200



Check out our updated website now with;
-Request a callback feature

Also available for download is our mobile app.







Search "Albury Wodonga Aboriginal Health Service" on Facebook or follow the link below to keep up to date with community events and what's going on at AWAHS!

https://www.facebook.com/Albury-Wodonga-Aboriginal-Health-Service-1121576424576587/?ref=py\_c

This Facebook page is for promotional purposes ONLY.

If you need to get in contact with AWAHS please call on 6040 1200 or 1800 421 640 (Free Call).

