CONTINUUM TELETHERAPY AND ALLIED HEALTH

Clinical Governance Framework

Platform clinical governance for an integrated telehealth model.

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Entity	Continuum Health Group Pty Ltd | ABN 34 698 399 058 | ACN 698 399 058
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Review	May 2027, or sooner following material change

> Continuum Teletherapy and Allied Health is committed to providing safe, ethical, and evidence-based telehealth care. This framework sets out the clinical governance under which the platform operates and is read alongside our Telehealth Informed Consent, Privacy Policy, and Complaints and Feedback documents.

1. Purpose and Scope

This framework sets out how Continuum Teletherapy and Allied Health governs the quality and safety of clinical care delivered through its telehealth platform. It defines accountability, the standards practitioners are held to, and the systems that keep patients safe across an integrated, multi-practitioner model of care.

It applies to all clinical services delivered through Continuum, to the Clinical Director, and to every practitioner engaged to deliver care through the platform. It is intended for internal governance, for professional indemnity and registration purposes, and to demonstrate to partners and regulators, including Primary Health Networks, Local Health Districts, and the NDIS Quality and Safeguards Commission, how clinical quality is governed across the platform. This framework governs Continuum's own clinical services. It is separate from any governance product that Continuum may license to other organisations.

2. Our Model of Care

Continuum is a direct provider of telehealth services. It provides the platform through which care is delivered, engages the practitioners who deliver clinical services, and provides clinical governance across the platform. It is not a referral or booking marketplace.

Continuum delivers allied health telehealth services through registered practitioners engaged as independent contractors. Psychology and dietetics are currently delivered. Speech pathology and occupational therapy are on a waitlist and are not yet delivered.

Oral health is governed as a separate pathway and is not delivered inside an allied health appointment. After booking, a patient is sent an optional oral health questionnaire by email. Completing it is optional, and declining it does not affect the patient's appointment or the care they receive. Everyone who completes it receives their oral health risk result at no cost, and anything urgent is communicated to them at no cost. The written Personalised Oral Health Care Plan is a paid product at $19.95 including GST and is available to Continuum patients only. An oral health consultation with the Clinical Director, who is a registered dentist, is a separate optional booking at $195 for 60 minutes. It is never the entry point to the platform. A free Oral Health Screening tool is also

published on the Continuum website. It is open to anyone, runs entirely in the user's browser, stores nothing, and creates no clinical record.

Allied health services may be claimable by plan managed and self managed NDIS participants. Continuum is not a registered NDIS provider and does not accept agency managed participants. The oral health consultation and the Personalised Oral Health Care Plan are private pay only and are never funded by the NDIS.

3. Governance Structure and Accountability

3.1 The Clinical Director

The Clinical Director holds platform-level clinical governance accountability. This means responsibility for the clinical systems, standards, policies, escalation pathways, incident processes, and quality oversight that apply across the platform, for ensuring practitioners are appropriately registered and credentialed, and for ensuring the platform operates within the relevant regulatory framework.

3.2 The boundary between governance and clinical autonomy

The Clinical Director provides clinical governance of the platform. The Clinical Director does not direct, supervise, or override the professional clinical judgement of practitioners working in disciplines outside the Clinical Director's own registration. Each practitioner is independently registered with AHPRA, practises within their own professional scope, exercises their own clinical judgement, and remains individually responsible and accountable for the clinical care they provide. Platform audits and quality reviews support safe practice but do not replace each practitioner's own professional and regulatory obligations.

3.3 Oral health

The Clinical Director, as a registered dentist, is the responsible clinician for the oral health questionnaire pathway, the Personalised Oral Health Care Plan, and the optional oral health consultation. She does not deliver, assess, or supervise mental health care. Oral health input the Clinical Director provides to allied health practitioners is collegial and educational and does not constitute treatment of those practitioners' patients.

3.4 Delegation, unavailability, and conflicts

The Clinical Director may appoint a suitably qualified alternate to perform clinical governance functions during any period of unavailability. Where no alternate is in place, new bookings are paused and practitioners escalate urgent matters directly to the relevant emergency and external services. Because Continuum is a director-led company, any complaint or incident that concerns the Clinical Director personally is referred for independent handling to the relevant external body, including AHPRA, the Health Care Complaints Commission, or the Office of the Australian Information Commissioner as applicable, so that it is not reviewed by the person it concerns.

4. Practitioner Engagement, Credentialing, and Lifecycle

4.1 Before engagement

Before a practitioner delivers care through Continuum, the following are verified and recorded: current general or relevant AHPRA registration, with no relevant conditions or undertakings that would affect safe telehealth practice; current professional indemnity insurance appropriate to the practitioner's discipline and to telehealth delivery; qualifications and scope of practice relevant to the services they will deliver; identity and right to work; and, where a service agreement or a self managing

participant requires it, a current NDIS Worker Screening Check. Continuum is not a registered NDIS provider, so a worker screening clearance is not currently a condition of engagement. It becomes mandatory for risk assessed roles if and when registration is granted.

4.2 Onboarding

Before their first consultation, every practitioner completes a documented induction, reads and acknowledges this framework and the supporting consent, privacy, and escalation processes, and confirms they meet the minimum telehealth capability requirements, being a suitable device, a private space, a stable connection, and competence with the approved platform. Practitioners deliver care from a private, safe, and professional environment, and Continuum supports practitioner wellbeing given the demands of remote clinical work. Onboarding is recorded against each practitioner.

4.3 During engagement

Practitioners are engaged as independent contractors under a written services agreement that imposes obligations on confidentiality, privacy, clinical documentation, escalation, and compliance with this framework. Registration and indemnity currency are monitored and re-verified annually and on each renewal. A practitioner is immediately suspended from platform activity if their AHPRA registration or professional indemnity insurance lapses or becomes subject to a relevant condition. Practitioners reattest to the platform policies annually.

4.4 Offboarding

When a practitioner's engagement ends, their access to Continuum systems and patient records is removed promptly, and arrangements are made for continuity of care and for the handover and retention of clinical records in accordance with the records obligations in this framework.

5. Clinical Appropriateness of Telehealth

Telehealth is delivered to the same standard as in-person care. The clinical appropriateness of telehealth is assessed by the treating practitioner on a per-session basis and documented. This is consistent with the AHPRA and National Boards guidance on telehealth and virtual care, including the updated guidance effective 7 October 2025 and the telehealth consultation guidelines effective 1 September 2023.

A practitioner may decline, pause, or end a session, or decline to deliver a particular service by telehealth, where it is not clinically appropriate. Where telehealth is declined as inappropriate, the practitioner records both the reason and the alternative pathway offered, and directs the patient to in-person or emergency care or provides a referral as clinically indicated. The platform does not deliver emergency care, physical examination, referral for dental imaging, radiographic interpretation, operative dental treatment, or Schedule 8 prescribing.

6. The Oral Health Pathway

Oral health is governed as a distinct pathway and is not delivered within an allied health appointment. After booking, a patient is sent an optional oral health questionnaire by email. Completing it is optional and declining it does not affect the patient's appointment or care. Responses are scored against documented criteria and the patient receives their risk result at no cost. The written Personalised Oral Health Care Plan is a paid product at $19.95 including GST, available to Continuum patients only. It is drafted with the assistance of an Australian hosted artificial intelligence tool and is read, edited where needed, and approved by the Clinical Director before it is released. Questionnaire responses and care plan records are held in the platform database and in the patient's Halaxy record.

Three acute triggers are coded into the questionnaire, being current pain or aching, facial or neck swelling, and difficulty swallowing or opening the mouth. Where any of these is present, the Clinical Director is alerted and the patient is contacted within one business day at no cost, whether or not a care plan has been purchased. Where in person dental care is indicated, a referral is made. An oral health consultation with the Clinical Director is a separate optional booking at $195 for 60 minutes and is private pay only.

7. Risk Stratification and Red Flag Escalation

Each practitioner stratifies clinical concerns within their scope by urgency and acts accordingly. Routine concerns are addressed in the ordinary course of care, concerns marked soon require action within a defined short period, typically within four weeks, and urgent concerns require action within 48 hours or immediately depending on the presentation.

The following red flags require immediate escalation beyond the scope of routine telehealth. Any practitioner who identifies a red flag follows the escalation action, documents it, and notifies the Clinical Director on the same day so the platform can review and respond.

Presentation	Escalation action
Acute dental pain, dental infection, or facial swelling	Direct to an emergency dentist, hospital emergency department, or Healthdirect on 1800 022 222
Suspected oral pathology or lesion requiring biopsy	Urgent referral to oral medicine or oral surgery, with a referral provided
Dental trauma, including a broken or avulsed tooth	Direct immediately to in-person dental care or an emergency department
Mental health crisis or acute distress during a session	Lifeline 13 11 14, Beyond Blue 1300 22 4636, or 000 where there is risk to life
Medical emergency during a session, such as chest pain, seizure, or loss of consciousness	Direct the patient to call 000 immediately, end the session, and call back to confirm
Safeguarding concern involving a child or vulnerable adult	Follow the mandatory reporting workflow in Section 13

So that help can be directed to a patient safely, the patient's physical location and current contact details are confirmed at the start of each session.

8. Incident and Near-Miss Management

Continuum maintains a clinical incident and near-miss process. An incident is any event that did or could have caused harm to a patient in connection with care delivered through the platform. Practitioners report incidents and near-misses, which are recorded in an incident register maintained by the Clinical Director.

Incidents are graded by severity as minor, moderate, or serious. A serious incident, being one involving death, significant harm, or significant risk of harm, is notified to the Clinical Director immediately and managed without delay. All incidents are reviewed to understand what happened, whether systems functioned as intended, and what corrective action is required. Corrective actions are tracked to closure, and may include changes to process, targeted practitioner education, or revision of this framework. Where a patient is harmed by an incident, open disclosure principles are followed, so the patient is informed of what happened, offered an apology or expression of regret, and told what is being done in response. Where an incident involves a reportable matter under the relevant regulatory or notifiable scheme, the applicable notification obligations are followed. The Clinical Director reviews the incident register and incident trends monthly.

9. Continuity of Care

Because a patient may see more than one practitioner across the platform, continuity of care is managed deliberately. A single clinical record is maintained for each patient in Halaxy, accessible to the practitioners involved in that patient's care on a role-appropriate basis. Where care is shared, relevant findings, care plans, and oral health questionnaire outcomes are documented so that each practitioner can see the whole picture. Referrals and clinical summaries are shared with a patient's nominated providers with the patient's consent.

10. Business Continuity and System Outages

If the practice management, video, or communication systems become unavailable, care continuity and record capture are protected. A practitioner who cannot complete a session for technical reasons attempts to reconnect, contacts the patient using the details on file, and reschedules where the session cannot safely continue. Clinical information arising during any disruption is documented and entered into the patient's record once systems are restored. Approved fallback methods of contact are used only where they meet the platform's privacy and security standards. The Clinical Director owns business continuity, including the escalation chain and the timeframe for restoring service.

11. Clinical Documentation and Records

All consultations are documented contemporaneously in Halaxy, an Australian-hosted, Privacy Act compliant practice management system. Clinical records include the date, time, and duration of the consultation, the patient identifiers confirmed at the start, the presenting concerns and relevant history, any risk stratification and clinical reasoning, the care plan and any referrals, any red flags identified and the action taken, confirmation of consent, and the follow-up plan.

Access to records is role-based, access is logged, and access is reviewed periodically and removed promptly when a practitioner's engagement ends. Where an AI clinical scribe is used to assist with documentation, the treating practitioner reviews and approves every note, and the scribe assists with documentation only and does not make clinical decisions. Records are retained for the longest of the periods required by applicable law, funding rules, insurer requirements, and the relevant professional standards for each discipline. As a baseline, clinical records are retained for a minimum of seven years

for adults, and until the age of 25 where the patient was a child at the time of care.

12. Information Governance, Privacy, and Security

Patient information is handled in accordance with Continuum's Privacy Policy, the Privacy Act 1988 (Cth), the Australian Privacy Principles, and the Health Records and Information Privacy Act 2002 (NSW). The following operational controls apply across the platform.

- **Approved systems only.** Practitioners use only Continuum-approved systems for clinical care and records. AI tools do not make independent clinical decisions, and the treating practitioner verifies every AI-generated note.
- **Data residency and cross-border handling.** The platform prioritises Australian-hosted systems. Clinical records and the AI clinical scribe are hosted in Australia. Continuum's telephone reception is provided by an Australian-based live answering service, with no offshore voice processing. Where any third-party system involves cross-border data disclosure, a disclosure assessment is undertaken before use, appropriate contractual protections are in place, and the arrangement is disclosed in the Privacy Policy.
- **Vendor due diligence.** The security and privacy posture of each third-party provider is assessed before use against a documented standard, and providers operate under terms requiring handling consistent with the Australian Privacy Principles, including minimum controls on breach notification, deletion of data on termination, and restrictions on secondary use and subcontracting.
- **Security baseline.** Access is role-based with multi-factor authentication where available, access is reviewed periodically, and access is removed immediately on disengagement. Approved platforms are encrypted in transit and at rest.
- **Breach response.** A suspected data breach is contained and assessed without delay, and escalated internally to the Clinical Director within 24 hours of becoming aware of it. Where it is an eligible data breach, it is notified to the Office of the Australian Information Commissioner and to affected individuals as required under the Notifiable Data Breaches scheme.
- **Retention and destruction.** Personal information is retained only as long as required and is destroyed or de-identified when no longer needed, subject to the clinical records retention obligations.
- **Jurisdiction.** Continuum operates Australia-wide. This framework applies under Commonwealth privacy law and, in addition, the health records and privacy laws of the State or Territory in which the patient is located.
- **Operational ownership.** An operational privacy owner is designated for day-to-day information governance, defaulting to the Clinical Director until the role is delegated.

13. Consent, Children, and Mandatory Reporting

13.1 Consent

Informed consent to telehealth care is obtained before a patient's first appointment and confirmed verbally at the start of each session, in accordance with Continuum's Telehealth Informed Consent document. Consent covers the nature and limitations of telehealth, how information is handled, the use of AI tools and the right to decline the AI scribe, and the right to withdraw consent at any time.

13.2 Children and substitute decision-makers

Where a patient is under 18, consent is provided by a parent or legal guardian unless the young person is a mature minor capable of providing informed consent under applicable law. Where a patient lacks decision-making capacity, consent is obtained from their authorised substitute decision-maker, and the practitioner involves the patient in decisions to the extent they are able to participate.

13.3 Mandatory reporting

Where a practitioner forms a reasonable belief that triggers a mandatory reporting obligation, including a child protection concern or a notifiable conduct obligation under the Health Practitioner Regulation National Law, they make the required report to the relevant authority, notify the Clinical Director, document the concern and the action taken, and are supported through the process. Mandatory reporting obligations are met regardless of any other provision of this framework.

14. Conflict of Interest and Commercial Independence

Clinical decisions are made on clinical grounds. The oral health questionnaire is optional, declining it does not affect a patient's access to or the quality of their allied health care, and every patient who completes it receives their risk result and any urgent contact at no cost. The Personalised Oral Health Care Plan and the oral health consultation are separately priced optional products, and neither is a condition of receiving allied health care. Practitioners are not set targets or incentives that reward over-servicing, and they exercise independent clinical judgement about what care a patient needs. To evidence commercial independence, the Clinical Director periodically reviews the rate at which questionnaire completions convert to paid care plans and consultations, to confirm there is no inappropriate steering toward paid services. Any actual or perceived conflict of interest is disclosed and managed so that it does not influence clinical care. This reflects the regulator's expectation that commercial arrangements in telehealth must not compromise the quality or appropriateness of care.

15. Complaints and Feedback

Patients can raise a concern with Continuum at reception@continuumteletherapy.com.au. A complaints register is maintained by the Clinical Director. On receipt, a concern is triaged to the right pathway, so that a clinical safety concern is handled under the incident process, a privacy concern is routed to the operational privacy owner, and an urgent concern is acted on without waiting for the standard timeframe. A complaint that concerns the Clinical Director personally is referred for independent handling as set out in Section 3.4. Complaints are acknowledged within five business days and responded to within 30 days, recorded, tracked to closure, and used to improve the service. The patient is given the outcome and advised of their right to raise the matter with the relevant practitioner, with the Australian Health Practitioner Regulation Agency, with the Health Care Complaints Commission in NSW, or with the Office of the Australian Information Commissioner for privacy matters.

16. Quality Assurance and Continuous Improvement

The Clinical Director monitors clinical quality across the platform. Incident and complaint trends are reviewed monthly, and a documented clinical governance review is conducted each quarter, covering documentation standards, incident and complaint trends, escalation events, corrective action closure, and registration and indemnity currency. Routine clinical file audits are conducted on a sampled basis, and case review or peer review is used to support quality across disciplines. Where an audit or review identifies underperformance outside an incident, a documented remediation process applies, which may include additional education, increased oversight, or, where necessary, suspension from platform activity. Findings inform changes to process, practitioner education, and revisions to this framework. The aim is a platform that learns from what it sees and continuously improves the safety and quality of care.

17. Regulatory Framework

This framework operates within the following regulatory context:

- AHPRA and the National Boards, including the guidance on telehealth and virtual care effective 7 October 2025 and the telehealth consultation guidelines effective 1 September 2023, under which telehealth is held to the same standard as in-person care.
- The Health Practitioner Regulation National Law, including mandatory notification obligations.
- The Privacy Act 1988 (Cth) and the Australian Privacy Principles, including the Notifiable Data Breaches scheme, and the Health Records and Information Privacy Act 2002 (NSW).
- The Dental Board of Australia records retention guidelines, and each practitioner's own Board standards.
- Professional indemnity cover held by the Clinical Director and by each practitioner.

18. Document Control and Review

Version	Date	Author	Change summary	Status
v0.1	May 2026	Dr S Jaswal	Initial draft	Superseded
v0.2	May 2026	Dr S Jaswal	Expanded controls	Superseded
v0.3	May 2026	Dr S Jaswal	Governance, jurisdiction, audit, retention	Superseded
v0.4	August 2026	Dr S Jaswal	Model of care corrected to the allied health platform model. Oral health screen removed as an inclusion within appointments. Oral health questionnaire, Personalised Oral Health Care Plan and separate oral health consultation described accurately with prices. NDIS position and worker screening position corrected. Dental imaging referral added to platform exclusions.	Current

This framework is owned by the Clinical Director, who is responsible for its implementation and for distributing the current version to every engaged practitioner. Approved by: Dr Sandhya Jaswal, Clinical Director. Next review: May 2027, or sooner following any material change to the regulatory environment, AHPRA or National Board guidance, or Continuum's model of care. The current version supersedes all previous versions.

Related documents: Telehealth Informed Consent, Privacy Policy, Complaints and Feedback, Safety and Crisis Support. For governance enquiries, contact admin@continuumteletherapy.com.au or call 1800 565 565.