



CLIENT INFORMATION & CONSENT FORM (SERVICES PROVIDED BY A CLINICAL PSYCHOLOGIST)

PART A - CLIENT INFORMATION

CONTACT INFORMATION

Client Name: _____
Address: _____
Telephone: _____
Email: _____
DOB: _____

EMERGENCY CONTACT

Emergency Contact Name: _____
Telephone: _____
Relationship to client: _____

PART B - GENERAL INFORMATION

SERVICES BY A CLINICAL PSYCHOLOGIST

The services that you/your child will be accessing will be provided by a clinical psychologist. A clinical psychologist holds a postgraduate degree in psychology and has completed further supervision and training leading to endorsement as a clinical psychologist with the Australian Health Professionals Regulation Agency (AHPRA). As a parent/guardian, you may at times be involved in treatment. Your clinical psychologist will participate in supervision with other psychologists. All details discussed in supervision remain confidential.

BENEFITS AND RISKS OF TREATMENT

Treatment provided by a psychologist can be an effective way to assist with symptoms associated with emotional health difficulties. Your psychologist will explain your treatment to you and any associated risks. No treatment will be provided without your consent. You always have the right to refuse a certain treatment approach or withdraw from treatment at any time. Should you have any concerns about your treatment process, please discuss any concerns you have with your psychologist. As a member of the Australian Psychological Society you client adheres to the highest ethical standards. A copy of the Clients Charter of Rights is available at:

<https://www.psychology.org.au/Assets/Files/APS-Charter-for-clients.pdf>.

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WEB: smythpsychology.com
TELEPHONE: 0434 773 758

ATTENDANCE

Treatment requires ongoing and regular attendance, and implementation of skills outside of sessions, in order to be effective. If you cannot regularly attend your sessions, we will recommend that your therapy be discontinued and recommenced when regular attendance is possible. You can choose to stop attending the Clinic at any time.

CONFIDENTIALITY AND PRIVACY

All personal and health information collected by the Practice (whether in assessment or treatment session notes, questionnaires, assessments, audio/video recordings of your sessions or otherwise) will be collected, used and disclosed strictly in accordance with the Practice's Privacy Statement. The information is retained in accordance with ethical and legislative guidelines in order to document what happens during psychological consultations and enables the psychologist to provide a relevant and informed psychological service. You will be given a copy of the Privacy Statement at the same time as this document.

EXCHANGE OF CLIENT INFORMATION

There may be times where, as part of the assessment and therapy process, it may be helpful for your psychologist to liaise with or provide a report to other people (e.g. a doctor) or agencies (e.g. a support agency) that are relevant to you or your treatment goals. Additional consent forms will be requested in these instances.

Please note that if you intend to claim rebates from Medicare or another organisation then your psychologist must provide summary reports to the relevant external agencies regarding treatment progress. Under the Medicare scheme these reports will normally be sent to your GP or psychiatrist. Please note that signing this form acknowledges your consent to allow us to provide these Medicare reports to the referring clinician.

CONFIDENTIALITY

You have the right to the confidentiality of the information that is shared. You are assured that all personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure.

However, it is important to know there are exceptions in which psychologists will exercise their duty to waive confidentiality. This can occur when:

1. The information provided to the psychologist is subpoenaed by a court of law
2. Failure to disclose certain information would place you or another person at serious risk of harm
3. Also note that psychologists are mandated to report cases of child abuse and neglect to the appropriate authorities.

FEES AND CANCELLATION POLICY

Fees

The standard fee for a 50 minute session held at the clinic with a clinical psychologist is \$200. Longer sessions are charged at a pro-rata rate. Fees for sessions held outside of the clinic, reports, telephone consultations and home/external visits are available on request. All fees are payable on the day of the session. If your account is not current, the session may not be able to proceed. Fees may be paid by EFTPOS or cash. We will not accept American Express or Diners Club cards.

Medicare rebates are available with a valid doctor's referral and mental health care plan. The current rebate for a standard session is \$124.50. Those with private health insurance are encouraged to contact their health fund directly to determine if they are eligible for coverage.

Cancellation Policy

Our psychologists reserve appointment times especially for you. Your psychologist will spend time preparing for your sessions. For this reason, we have a strict cancellation policy. To avoid a cancellation fee of 100% of the session cost, appointments must be cancelled by 48 hours before your session. You may cancel your session via email or by telephoning **Ph: 0434 773 758**, or leaving a voice message if the telephone is unattended. Both our email and voicemail systems record your time of message. Please be aware that cancellation fees cannot be claimed back from Medicare or private health funds. If you need to change your appointment-no problem but we would appreciate as much notice as possible.

PART C - CONSENT

I (*full name*) _____, have read and understood this form and the Privacy Statement and have been given an opportunity to ask questions. I consent to participating in sessions, on the basis described in this form and the privacy statement. I understand that I can withdraw my consent and choose to stop attending sessions at any time. I am aware that if I do not cancel my appointment within 48hrs I will be charged a cancellation fee.

Signature: _____

Name: _____

Date: _____