

*This consent form is recommended by the Australian Psychological Society in response to the Privacy Amendment (Private Sector) Act 2000.*

### **Consent Form**

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As a client in psychotherapy, you have certain rights that are important for you to understand because this is your therapy, whose goal is your wellbeing. This document is designed to inform you about the management of information that you disclose to your psychologist. Therapy addresses issues of a highly personal nature, and it is important for the success of treatment that you have confidence in your psychologist ability to manage your records responsibly.

#### **Primary Psychological Service**

As part of providing a psychological service to you, your psychologist will need to collect and record personal information that is relevant to your current situation. Collection of personal information is a necessary part of assessment and therapy.

#### **Purpose of Collecting and Retaining Information**

Information is gathered as part of the assessment, diagnosis, and treatment of a client's condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions and enables the psychologist to provide a relevant and informed psychological service.

#### **Confidentiality**

With the exception of certain specific exceptions described below, you have the absolute right to confidentiality of your information. 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 all psychologists are mandated (by law) to break confidentiality. This can occur when:

1. The information you have given to your psychologist is subpoenaed (officially requested) by a court of law
2. Current child abuse or neglect
3. Past or current criminal activity
4. Failure to disclose the information would place you or another person at serious risk of harm
5. Your prior approval has been obtained to a) provide a written report to another professional or agency, e.g., a GP or a lawyer; or b) discuss the material with another person, e.g., a parent or employer

#### **FEES**

The Australian Psychological Society in 2023-2024 Recommended Schedule of fees has set the standard 46 to 60 minute consultation fee at \$300.00 for Psychologists. Our fee of \$243.35 per hour consultation is considerably lower, which is payable at the end of the session. Following payment, you will receive a receipt.

If you have been referred by a GP and they have created a Mental Health Care Plan you can claim a rebate of \$93.35 at the end of the session using EFTPOS. The GAP FEE is \$150.00.

We may be able to charge a lower fee for some clients that are unemployed or receiving some sort of support pension. Those with Private Health Insurance may be entitled to a rebate; though this is an alternative to Medicare (i.e., can't claim both Medicare and Health Insurer rebate).

**Cancellation Policy**

If for some reason you may need to cancel or postpone your appointment, please give at least 48 hours' notice.

Cancellation fees apply: 0 – 24 hours' notice: \$110

If you decide to cancel your appointment within the 24 hours the above cancellation fees apply. If you decide not to attend your appointment without any notification you will be charged \$110 for your missed appointment, and this cannot be claimed through Medicare.

All cancellation or non-attendance fees can be paid at the following session.

**Discontinuation of Service**

If for some reason you fail to attend 2 sessions without sufficient notice no future sessions will be allocated, any session booked will be cancelled, and R & W Psychology will not contact you to inform of this. If you call to make an appointment you will be placed at the end of the waiting list, and this could take some time. All accounts (i.e., cancellation fees) must be paid in full prior to attending more sessions.

**Confirmation of Informed Consent**

I, (print name in Block Capitals) ....., have read and understood the above Consent Form.

I agree to these conditions for the psychological service provided by R &W Psychology

Signature ..... Date .....

**Please Note:** If, after reading this page you are unsure of what is written, please discuss it with your psychologist before signing.

Psychologist Signature ..... Date .....