

**Psychological Service**

The Privacy Act 1988 requires us to obtain consent to collect, record, use or disclose personal information from you relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

You do not have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you.

**Purpose of collecting and holding information**

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

**Access to Client Information**

At any stage you as a client are entitled to access the information about you kept on file, unless the relevant legislation provides otherwise. We may discuss with you appropriate forms of access.

**Confidentiality**

All personal information gathered by us during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to
  - a) provide a written report to another professional/agency. eg. a GP or a lawyer; or
  - b) discuss the material with another person, eg. a parent or employer; or
  - c) if disclosure is otherwise required or authorised by law.

**Fees**

The cost of a 50 minute consultation is determined via a fixed scale, payable at the end of the session by cash or cheque. The recommended fee by the Australian Psychological Society until 30 June 2019 for an initial/subsequent psychological consultation is \$251.00

**Cancellation Policy**

If, for some reason you need to cancel or postpone the appointment, please give at least 24 hours notice, *otherwise you will be charged the cost for the session.*

I,..... have read and understood the above Consent Form.  
I agree to these conditions for the service/s provided to me and offer to assign my right to Medicare benefits to the approved Practitioner who rendered the service/s.

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

**Please Note:** *If, after reading this page you are at all unsure of what is written, please discuss it with us.*