

WESLEY MISSION PERSONAL INFORMATION

Clients Name:

Clients Date of Birth:

Clients Age:

Clients Email Address:

Clients Address:

Clients Occupation:

Phone Number/s:

Mobile:

Home:

OK to leave message: ☐

Work:

If client has children, what ages:

If under 18, the childs Guardian's Name:

Guardian's Phone #:

People authorised to book/cancel appointments? SELF ☐ Others:

What Language do you speak at home?

Do you require an interpreter?

YES ☐

NO ☐

Are you Aboriginal or Torres Strait Islander descent? YES ☐ NO ☐

Medicare No:

Patient No:

Expiry Date:

Private health fund and number:

Emergency Contact Name:

(If you have already put details in Guardian please supply another Emergency Contact, if appropriate)

Relationship to You:

Emergency Contacts Phone #:

Authorisation for emergency contact to book/cancel appointments?

YES ☐

NO ☐

How did you hear about us?



Authorisation for Communication with Other Parties

I, _____ on behalf of _____ hereby authorise _____
(Guardian Name) *(Client Name)* *(Psychologist)*

Psychologist, to communicate in writing and/or verbally regarding information relevant to your/your child’s treatment.

Referring Doctor: _____ *Initials*
Wesley Mission _____ *Initials*

_____ Relationship to you _____ *Initials*
(for example: Parent, Partner, School Teacher, Siblings)
_____ Relationship to you _____ *Initials*
_____ Relationship to you _____ *Initials*

Please list (if any) those individuals there are legal complications we need to be aware of:

_____ Relationship to you _____ *Initials*
_____ Relationship to you _____ *Initials*
_____ Relationship to you _____ *Initials*

In authorising this release, I understand that this will be used for the purpose of providing information that may benefit my treatment. I am aware that I may rescind this permission at any time either verbally or in writing.

Signature Date

Please print your name



CONSENT FORM

As part of providing a professional psychological service to you, Redlands Psychologists will need to obtain/exchange and record personal information from you that is relevant to your current situation. This information is a necessary part of the psychological assessment and treatment that is conducted.

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychologist and patient, and the particular problems you hope to address. There are many different methods used to deal with those problems. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things talked about both during sessions and at home.

Psychotherapy can have benefits and risks. Because therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But, there are no guarantees as to what you will experience.

Your first few sessions will involve an evaluation of your needs. By the end of the evaluation, you will be offered some first impressions of what work will include and a treatment plan to follow, if you decide to continue with therapy. You should evaluate this information along with your own opinions about whether you feel comfortable working with your psychologist. At the end of the evaluation, you are free to decide if that psychologist is the right person for you. You are able to choose a different psychologist if you feel this is right for you.

Therapy involves a large commitment of time, money, and energy, so you should be very careful about the psychologist you select. If you have questions about any procedures, please discuss them whenever they arise with either your psychologist or the admin team. If your doubts persist, we will be happy to help you set up a meeting with psychologist for a second opinion.

Confidentiality

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

1. It is subpoenaed by a court or requested by a government agency for audit 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 or agency, e.g. A GP or solicitor; or
 - b. Discuss the material with another person, e.g. a parent or employer
4. Peer supervision with other psychologists within the practice, your name is withheld but your details may be discussed

Fees

Under the Wesley Mission Psychological Therapies program, government funding has agreed to pay the cost of each session directly to Redlands Psychologists. They do not cover late cancellations or non-attendance of sessions. Please refer to our cancellation and no-show policy below. The fee for any other service for example, written reports, will be discussed at the time of request.

Cancellation and No-Show Policies

Your session times have been set aside for you and often cannot be filled at short notice. We request that you advise us as soon as you are aware that you will not be able to attend your session either by SMS or phoning the practice giving at least 24 hours' notice.

Your nonattendance is recorded with Wesley Mission and will impact on your referral and we have the right to request your referral be transferred to another practice if this becomes habitual. This excludes emergencies and circumstances beyond your control.

I, have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Redlands Psychologists.

Signature Date

Please Note: If, after reading this form, you have any concerns, please feel free to discuss these with your psychologist.



CONSENT FORM – For use of a Dog Companion in Therapy

Psychological Service

As part of providing a professional psychological service to you, Redlands Psychologists has accredited Animal Assisted Therapy Dogs (Marshy/Rufus) as animal companions present in the practice. This consent form is to ensure that you understand that companion dogs may be present whilst you are here. Marshy/Rufus have undergone intensive accredited training programs to be registered as safe and appropriate in this setting. We understand that some people may have an aversion to dogs, or a fear or allergy. If this is the case please let the administration know so that we can plan ahead of time. Marshy/Rufus are not free to wander but we would not want you to feel uncomfortable.

You are under no obligation to interact with Marshy/Rufus but by signing below you acknowledge your consent at the dogs being present in the practice.

I agree that I understand that Redlands Psychologists has animal assisted therapy dogs (companion dogs) present in the practice.

I, have read and understood the above Consent Form.

Signature Date

Clients of Debbie Jeffries/Natalie Muldoon

Please understand that you are under no obligation to have Marshy/Rufus present during sessions.

PLEASE CIRCLE THE APPROPRIATE RESPONSE

I consent / don't consent to have the companion dog sit in on my sessions with Debbie Jeffries/Natalie Muldoon.

Signature Date

Please Note: If, after reading this form, you have any concerns, please feel free to discuss these with your psychologist.



Redlands Psychologists

PRIVACY AND CONFIDENTIALITY POLICY

Redlands Psychologists' client privacy policy is developed in compliance with Australia's privacy legislation. Psychologists are bound by the legal requirements of the National Privacy Principles from the Privacy Amendment Act 2000 and follow strict guidelines for professional conduct that include confidentiality.

At your first appointment, a file containing personal contact details, referral information and session notes will be set up. These files are kept in a secure filing cabinet accessed only by our psychology team and administrative staff. Administrative staff only access files in order to enter referral information into the computer system for billing purposes.

Information in your file will remain confidential within the bounds of legal requirements. Unless you grant a third party authority to your client records in writing, you are the only person who will be granted access to your personal information.

Exceptions to this include:

If a file is subpoenaed by court or requested by a government agency for audit, or you give your psychologist permission to disclose the contents of your file, or if the psychologist becomes aware of information that would place you or another person at risk. In these cases, the contents of your file may be shared with appropriate people. Every attempt will be made to discuss this with you first.

Psychologists may also be legally bound to disclose client information in certain situations, such as court orders, subpoenas (as mentioned above), search warrants and Coroner's Court cases. Children and other dependent relatives also have the right to privacy of their health information. Access by other individuals (eg. parents, guardians, carers etc.) will be determined by medical and legal privacy requirements and each request for access will be addressed on an individual basis.

Please speak to us if you have any questions or concerns regarding confidentiality.

Data Quality and Security of Client Information

It is the policy of Redlands Psychologists to maintain accurate, up-to-date and complete records. Client information may be stored on paper and/or in electronic formats. It is the policy of Redlands Psychologists to protect client information from loss and unauthorised access, modification or disclosure. Client information will be kept at Redlands Psychologists as long as is legally necessary or required for administrative purposes. If information is no longer needed after this time, it will be destroyed in a secure manner.

Access and Correction of Patient Information

Under Australia's privacy legislation, all clients have the right to access their personal records. Requests for access to personal records must be in writing. All clients are able to have incomplete or inaccurate information amended. There are some circumstances, such as for legal reasons, where access to client information will be denied. If this is the case, the client will be advised of the reason.

There is no charge for lodging a request for access, however, a charge may be made if Redlands Psychologists incurs costs in providing access to records.

Anonymity

Under privacy legislation, clients may choose to remain anonymous if it is lawful and practicable to do so. In a medical context it may be dangerous for clients to remain anonymous. It is however not possible to claim Medicare and health insurance rebates without providing some identifying information.

Complaints

All client complaints regarding the handling of records should be discussed with the client's Psychologist or one of the Directors. Further concerns may be forwarded to:

Federal Privacy Commissioner:
GPO Box 5218
Sydney NSW 1042

Privacy Hotline: 1300 363 992
Website: www.oaic.gov.au