

PERSONAL INFORMATION FOR REDLANDS PSYCHOLOGISTS

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:

Medicare No:

Patient No:

Expiry Date:

Private health fund and number:

If under 18, the child's Guardian's Name:

Guardian's DOB:

Guardian's Phone #:

Guardian's Medicare No:

Patient No:

Expiry Date:

People authorised to book/cancel appointments?

SELF _____

Others:

Are there any court orders in place? YES _____ NO _____

We are currently organising court orders in court _____

COURT ORDERS PROVIDED YES _____ NO _____

If yes – please ensure a copy of the court orders are provided to our practice at least **2 days prior** to the appointment otherwise we will be unable to proceed with the appointment.

What Language do you speak at home?

Do you require an interpreter? YES _____ NO _____

Are you Aboriginal or Torres Strait Islander descent? YES _____ NO _____ PREFER NOT TO SAY _____

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 _____



Authorisation for Communication with Other Parties

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

at Redlands Psychologists, to communicate in writing and/or verbally regarding information relevant to said client's treatment.

Referring Doctor: _____

Initials

Third Party Vendor: _____

Initials

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

Initials

_____ Relationship to you _____

Initials

_____ Relationship to you _____

Initials

If there are court orders in place, please ensure you add consent for communication with the party listed on the court orders who is noted to have legal rights to the client's appointments and treatment. Failure to do so may result in us being unable to provide treatment due to conflict with court orders.

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

_____ Relationship to you _____

Initials

_____ Relationship to you _____

Initials

_____ Relationship to you _____

Initial

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. 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 significant benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. However, 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 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 arrange another psychologist for you to see.

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

The cost of an individual consultation (usually around 50 minutes) can range from \$185 for individuals/\$240 for couples to \$240 for individuals/\$260 for couples, which is payable at the end of the session by EFTPOS, Credit Card or Cash. The completion of a Mental Health Care Plan by your GP (prior to commencing therapy) may entitle you to receive a Medicare Rebate. Payment is required at the time of your appointment otherwise extra fee's may apply. The fee for any other service for example, written reports, will be discussed at the time of request. Please see our website for more information.

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 48 hours' notice. Cancellation and No-Show Fees are charged according to guidelines set by the Australian Psychological Society (APS). These fees are **not** covered by Medicare or Third-Party Vendors; they are for your account and become due immediately. This excludes emergencies and circumstances beyond your control and are applied as follows:

- Cancellation or missed appointment with 0-24 hours' notice: Full session fee applies.

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.



TELEHEALTH CONSENT FORM

Client's Name _____

Guardian's Name (If applicable) _____

Contact Phone Number _____

REQUIREMENT TO PROVIDE CONTACT DETAILS AND LOCATION

If we will be working together by videoconference, I need to be able to contact support people in your locality should any issues arise. Please provide the names and contact details of at least 2 people known to you before we commence the treatment. Because you may be in varied locations for each of our videoconferences, I will require you to provide your location at the commencement of each session.

Name and Phone Number/ Address Person 1: _____

Name and Phone Number/ Address Person 2: _____

CONSIDERATIONS FOR TELEHEALTH

There are some important considerations you need to be aware of before engaging in a psychological service delivered via telehealth. These include, but are not limited to:

- In a telehealth service, the flow of information between the provider and the client will be in the form of electronic communications.
- We will keep our security software up to date and maintain backups
- For your own privacy we suggest that you do not connect to freely available Wi-Fi in public, but recommend that you conduct your session in a private quiet room with private Wi-Fi.
- If you have a hearing impairment or visual impairment, it is important to let us know as this may impact on the ability to engage via telehealth.
- If you believe you may be at risk of self-harm or harm to others, telehealth services are unlikely to be enough to support your needs. Please ensure that you let your psychologist know you of any concerns in this regard so that we can put a contingency plan in place for further supports and plans.
- If you require face-to-face support, and your psychologist is unable to offer a face-to-face appointment through their own need to self-isolate, you may be offered support by another psychologist to ensure that you receive effective treatment. This will be necessary to ensure that you receive the best treatment possible.
- The only contact time will be the scheduled appointment time; telehealth isn't a 24 hour service and your attempts at reconnecting via the same method may not be promptly responded to. If you need immediate support outside of your appointment time, we ask that you contact your GP, local emergency department or dial 000. We will endeavour to support you in learning to use the appropriate system or software, so using it doesn't create anxiety for you.

Client's Signature _____ DATE: _____



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 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. Animal Assisted Therapy Dogs undergo 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 administration know so that we can plan ahead of time. The dogs are not free to wander but we would not want you to feel uncomfortable. You are under no obligation to interact with them 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 that have a Psychologist with Animal Assisted Therapy Dogs

Please understand that you are under no obligation to have them present during sessions. PLEASE CIRCLE THE APPROPRIATE RESPONSE: **I consent / don't consent** to have the companion dog sit in on my sessions with my Psychologist.

Signature _____ Date _____

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

ALLERGIES

During your time as a client, some of our activities may involve food & paint. Do you or your child have any allergies that may be relevant YES / NO. Please advise the details below _____

• What steps should be taken if there is any exposure to the allergen. Please note: if an EpiPen may be required we requested that you ensure one is sent each week with your child. _____

• All children will require a hat and sunscreen to be able to participate in any outdoor activities. Does your child have any allergies to sunscreen YES / NO. _____

If Yes, please ensure that you provide sunscreen for your child.



PRIVACY IN ONLINE COMMUNICATIONS

The privacy of any form of communication via the internet or a mobile device is potentially vulnerable and limited by the security of the technology. Please be aware that email communication is not secure and should contain minimal personal information. We tend to use email for administrative purposes, and we will email documents such as appointment bookings, invoices and receipts. We prefer to use Zoom or Healthdirect as these have higher levels of privacy than Skype. Please ensure that you look at the privacy and security information provided by Zoom or Healthdirect when sent your link prior to engaging in Telehealth. We will provide you with suggestions to help you protect your own online privacy for our sessions. Please be aware that you are responsible for any costs incurred in relation to the provision of your own software, hardware and data usage associated with this telehealth service.

USE OF THERAPY SESSION MATERIALS

I will not make recordings of our sessions or use material from our sessions for purposes other than delivering a service to you. I will seek your written consent if I wish to use material for other purposes (such as consultation with colleagues).

I will ask you to respect my privacy by agreeing not to make recordings of our sessions and not to use materials from our sessions for purposes other than therapy. If you wish to record sessions or use session material for other purposes, you must seek my consent to do so.

STORAGE OF YOUR HEALTH RECORDS

Electronic records and paper records are kept in secure storage.

SIGNATURE

I agree that all the details in this agreement are correct and have been explained to me. I am aware that I can, at any time, clarify and/or revoke my consent via writing.

Client's Signature _____

Client's Name _____ Date _____