

Family Session Consent Form for Psychological Service

As part of providing a psychological therapy service to you, xxxx Private Subcontractor of Choices Mind & Body will need to collect and record personal information from you that is relevant to you and your family member's 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, and may choose to keep your identity anonymous/use a pseudonym, however this may mean the psychological service may not be able to be provided to you, the degree of assistance provided to you will be limited, or access to Medicare rebates may be limited.

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client and family member'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. See attached form 'Policy for Management of Personal Information' for how your information is stored and further confidentiality explanations, and 'Client Charter' explaining your rights as a client.

Access to Client Information

At any stage you as a client are entitled to access to the information from family sessions, unless the relevant legislation provides otherwise. You are not able to access information related to your family member within their file. The psychologist can explain appropriate access methods and any request in writing will be responded to in 30 days.

Confidentiality

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

1. It is subpoenaed by a court or otherwise required or authorised by law
2. It is deemed necessary to lessen or prevent a serious threat to the life, health, or safety of an individual, or to the public health or safety. Or to assist with locating a missing person
3. Your prior approval has been obtained to
 - a) provide a written report to another professional or agency e.g. GP or lawyer; or
 - b) discuss the material with another person e.g. parent or employer;
4. It deemed necessary for legal advisory purposes associated with claims or complaints

Fees

The cost of a 50 min individual consultation is \$180 or family consultation is \$220, payable at the end of the session by credit or debit card or cash. Please advise the psychologist if payment of this fee may cause difficulties and reduced fees may be discussed. For clients referred via a valid mental health care plan, access to a rebate of \$124.50 is available via Medicare, if a valid Medicare card is presented. Following payment of the full consultation fee, the Medicare rebate can be credited back into a debit account generally within 24hrs. Bulk billed sessions may be available to health care card holders referred on a mental health care plan. Receipts for Health Insurance Claims can be provided.

Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, at least "48 hours/ 2 days" notice is required otherwise you will be charged 50% of your agreed session fee or Medicare rebate, unless other arrangements have been made directly with xxxx.

I Signature Date
I Signature Date
I Signature Date
I Signature Date
I Signature Date
I Signature Date

I have read and understood the above Consent Form. I agree to these conditions for psychological services provided by xxxx. **Please Note:** If you are at all unsure of what is written, please discuss it with the psychologist.

Witnessed by: Name Signature Date



Inner East Community Health
283 Church St
Richmond Vic 3121
Phone: (03) 9429 1811
Fax: (03) 9425 9551

Deer Park Medical Centre
Brimbank Central Shopping Centre
T-57 Neale Rd, Deer Park Vic 3023
Phone: (03) 9363 6101
Fax: (03) 9363 6121