

Consent Form

Psychology Service

As part of providing a Psychology service, your Psychologist will need to collect and record personal information from you such as name, address, contact details and session notes.

Confidentiality

All personal information gathered by the Psychologist during the provision of the Psychological service will remain confidential and secure except when:

1. It is subpoenaed by a court
2. Failure to disclose the information would place you or another person at risk of harm.
3. Your prior approval has been obtained to
 - a. Provide a written report to another professional or agency such as a GP, lawyer
 - b. Discuss the information with another person such as a parent, employer

Your Psychologist may want to discuss aspects of your personal information with a senior colleague for clinical supervision purposes. In this situation, all information is de-identified.

Access

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6.

Fees

An initial assessment is 1.5 hours duration and is \$250 face to face and \$210 for Telehealth. Subsequent psychology consultations (50 minutes) are \$230 for face to face appointments, payable prior to the session or within 48 hours of the appointment by bank transfer, EFT or cash. Telehealth sessions are \$190. Private health fund rebates may be available depending on your private health insurance cover. Medicare rebates are available with a current Mental Health Care Plan from a General Practitioner. It is not essential to have a GP referral to see us.

Cancellation Policy

If you need to cancel or postpone your appointment, please give at least 24 hours' notice otherwise a cancellation fee will apply. A deposit is payable to secure your first appointment. This is half the amount of the consultation.

Your Rights

Your rights are outlined in the National Privacy Principles from the Privacy Amendment Private Sector Act 2000.

Privacy Policy

A copy of the privacy policy for Mynd Essence is available on request.

I have read and understood the above consent form. I agree to the conditions for the psychological service provided by the Psychologist.

Full Name:

Signature:

Date: