

## CLIENT RECORD

### Client Details

Date: \_\_\_/\_\_\_/\_\_\_

For our **confidential** records, please answer the following questions:

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Occupation (paid or unpaid): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Do we have permission to contact you and leave a message on these numbers: Y/N

Medicare number (10 Digits): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ No. on Card (1 Digit): \_\_\_\_\_

Do we have permission to contact Medicare for claiming purposes? Y/N

Have you seen a psychologist this year? Y/N If so, for how many sessions? : \_\_\_\_\_  
.....

### Regular Medical Doctor

Name: \_\_\_\_\_

Practice Name/Address: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

How did you hear about this service? \_\_\_\_\_

.....  
In case of emergency contact (Name): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### Fee Schedule

Consultation Type	Fee Required at Time of Service (all clients)	Medicare Rebate (where applicable – not for all assessment sessions)	After Medicare Rebate you Pay
Standard Consultation (50 mins)	\$225	\$145.25	\$79.75

**NOTE:** Clients with a Mental Health Care Plan who present for more than 6 sessions will need a new letter of referral.

### Cancellation Policy

Please **NOTE:** Cancellations made with less than 24 hours' notice will be charged \$80.

I \_\_\_\_\_ (full name) agree to pay \$80 if I do not provide a minimum of 24hours notice for cancellations. Appointments on Monday have to be cancelled before 5pm the previous Friday.

### Privacy Policy

Client information is stored in a secure filing cabinet or secure database and accessed only by Angela. At times Admin staff are used to administer measures to clients at the initial session and during the therapy process in order to ascertain information about psychological and emotional wellbeing. Administration staff will at times assist in the generation of reports based on this information, for the purpose of sending letters to referring GPs, and other referring agencies. This includes scoring data from measures of psychological functioning and entering these details into GP letters.

All information is kept secure and confidential except when:

- a. it is subpoenaed by a court;
- b. failure to disclose information would place you or another person at serious and imminent risk
- c. your prior approval has been obtained to
  - provide a written report to another professional or agency, e.g. a GP, WorkCover, or a lawyer; or
  - discuss the material with another person, e.g. a parent, employer or health provider; or
  - disclose the information in another way

In the course of consultation, supervision or professional training, personal information may be shared. However, your name and other identifying details will be concealed at all times. I have a core value of respect for each client's privacy and am happy to discuss this with you if you have any questions or concerns.

### **Purpose of collecting or holding information**

Your personal information is retained in order to document what happens during sessions, and enables me to provide a relevant and informed psychological service to you. A more detailed description is provided in the practice's "Privacy Policy for Management of Personal Information," which I can provide you with a copy of if you would like. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

### **Access to client information**

Your file remains the property of me and I will not provide a copy of the file to legal or other third parties, except by subpoena or under extenuating circumstances. For a fee, I can prepare a report outlining treatment strategies and progress.

At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. I can discuss with you different possible forms of access. Accessing your information will incur an administration fee.

### **Note keeping and session recording**

I use a combination of hard copy notes – often taken in session and added to after – and a recording of each session by a program called NovoNote. This is a program designed for use with psychologists and other health practitioners and accordingly has the highest level of security assured in our subscription. This combined note taking process ensures I have the best quality of notes from our sessions, can be acutely present in session and deliver you a high quality of care.

### **Contingency Planning**

In the unlikely event that I am unexpectedly incapacitated in any way and no longer able to continue your care, another fully qualified psychologist shall contact you to inform you, arrange ongoing care options for you and discuss management of your file. This person will have access to this information only in these unfortunate circumstances.

### **Australian Psychology Society Charter for Clients of Psychologists**

The APS Charter explains your rights as a client of a psychologist, you can access this at [www.psychology.org.au](http://www.psychology.org.au) or you can request a copy from me.

I \_\_\_\_\_ (full name) have read and understood the consent form and am willing to enter into or continue with psychology services under this arrangement.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_