



Claire McCallum

Clinical Psychologist
Mpsych (Clin)
MPN: 5022682K

Client Information and Consent Form

Client Details (Please complete)

Client Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Number:

Medicare

Have you seen a psychologist this calendar year accessing the Medicare Better Access rebate? **Y N**

Medicare details may be accessed by your psychologist to confirm your accessibility and Medicare details. If you do not consent please advise your psychologist.

Information Confidentiality

Personal information is gathered by your psychologist to assist in your treatment. This includes data such as your name, medical history, contact information and other information that is relevant to providing psychological services to you. This data will be stored in secure systems and available only to your psychologist and authorised staff (administration) as required. Guidelines in relation to the protection of your information are provided by the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Psychological Society (APS) Code of Ethics.

All personal information gathered by your psychologist and any resulting notes, correspondence, referrals or documentation as part of your treatment will remain confidential except when:

1. It is subpoenaed by a court; or
2. Failure to disclose your information would in the reasonable belief of the psychologist place you or another person at serious risk to life or safety; or
3. You have previously provided consent to release written documentation to a third party (e.g. work, school or lawyer), provided consent to discuss your information with a third party, or any other method of disclosure you have nominated; or

4. You would reasonably expect your personal information to be disclosed to another professional or agency eg. Your GP, NDIS, WorkSafe Insurers, TAC etc. and disclosure of your information to that party is for a purpose directly related to your psychological care and intervention; or
5. Disclosure is otherwise authorised by law.

A full privacy and social media policy can be obtained via clmpsychotherapy.com

Schedule of Fees

Private Fees

Full time employed: \$200 per 50 min session (Eligible Medicare rebate \$145.25, out of pocket fee \$54.75)

Part time employed: \$165 per 50 min session (Eligible Medicare rebate \$145.25, out of pocket \$19.75)

Third Party Payment (Workcover, TAC, NDIS)

Fees are provided through the reimbursement of approved schemes who are authorised to provide such payments, under condition of confirmation of funding available. You consent to the whole of the fees for your treatment being recouped by the psychologist from the appropriate funding agency. If you have any questions regarding fees please speak directly to your psychologist.

Please note: any service provided whereby the psychologist is unable to recover the fees from the funding party will remain the responsibility of the client and payment may be sought directly from them.

Cancellation Policy

If, for any reason you are unable to attend your scheduled appointment, we require 24hrs notice, otherwise you will be charged a cancellation fee of \$100. Exceptions to this fee, such as genuine emergencies will need to be discussed with your treating psychologist in order to be waived.

Please Note

- Appointments are scheduled for 50 minutes and failure to attend on time may result in you being provided a shorter appointment
- To ensure clients can continue to access low-cost services, the cancellation policy will be enforced
- Additional fees apply for diagnostic or court reports, testing, letters or similar documents
- Whilst all efforts are made by your psychologist to attend to your appointment on time, unexpected incidences can occur which may result in a delay in your scheduled session

Supervision

Psychologists regularly undertake supervision and collaboration with colleagues to ensure the highest standards of care. When consulting with colleagues, or in the course of supervision, your psychologist is required to conceal your name and any identifying information, and that of any associated parties involved. Psychologists strive to preserve your privacy in the utmost professional manner in accordance with the APS Code of Ethics.

Access to your data

If you, or any associated party would like to access your data please speak directly with your psychologist. For more information please refer to the privacy policy at clmpsychotherapy.com.

Withdrawal of consent

If you wish to withdraw your consent to any of the above you may do so in writing to clmpsychotherapy@outlook.com or speak directly to your psychologist.

Client Name and Signature

I, have read and understood the above Consent Form. I have been afforded an opportunity to discuss the above with my psychologist, and I agree to these conditions without restriction.

Signature Date

Office Use Only

I, the treating psychologist, have met with the above client for a suitable period of time, and have afforded them an opportunity to discuss this document to their satisfaction. I believe the above client is fully competent to provide informed consent to the terms detailed above. I agree to enter into treatment with this client under these terms.

Signature Date