



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:

Current Residential Address:

Current Phone:

Current Email Address:

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 electronic systems or hard copy and available only to your psychologist and authorised staff (administration) as required. Storage of documents is required for 7 years. Guidelines in relation to the protection of your information are provided by the Australian Health Practitioner Regulation Agency (AHPRA) and the Psychology Board of Australia 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; or
6. Clinical consultation with another professional is required to provide better services. If this occurs, identifying details will remain confidential.

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

Limits of Confidentiality in Telehealth

If you choose to access services through Telehealth (Video or Telephone) there are some inherent limitations relating to technology security.

It is important when accessing services through Telehealth you consider the following:

- Telehealth may experience technical problems which may disrupt the session. If the connection is lost your psychologist will attempt to contact you via phone to continue the session or make alternate arrangements
- Your psychologist will conduct the session from a secure, private space. You are encouraged to ensure you are in an environment that maintains your own privacy
- Although your psychologist uses secure end-to-end encrypted video software, there remains a small risk of others tapping into the video connection. Any telephone sessions are provided via mobile phone and may also run a small risk of others tapping into the call
- Neither party will record the session without explicit consent
- In the case of an emergency, your psychologist will take all reasonable steps to ensure your safety including contacting your emergency contact person or relevant services

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 Psychology Board of Australia 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 clmpsihology.com. Please be aware that there can be a delay in document production and your patience is appreciated.

Withdrawal of consent

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

Schedule of Fees

Private Fees

Full time employed 38+ hrs/week: \$200 per 50 min session (Eligible Medicare rebate \$145.25, out of pocket fee \$54.75)

Part time employed >38 hrs/week: \$165 per 50 min session (Eligible Medicare rebate \$145.25, out of pocket \$19.75)

Unemployed (Eligible Health Care Card/Pension individuals will be bulk billed with no out of pocket fee. This will apply to any eligible Medicare rebates for the calendar year and subject to a valid Mental Health Care Plan.

Any additional sessions that are not eligible for rebate or third party payments will be charged at \$100 per session full out of pocket.

Please note: any service provided whereby the client does not have a valid Mental Health Care Plan or Mental Health Care Plan Review document at the time of the appointment will be required to be paid in full privately. If you are unsure whether your Mental Health Care Plan is valid please contact your referrer, Medicare directly, or contact the practice to confirm prior to booking any additional appointments.

If you are experiencing financial difficulties please discuss this directly with your psychologist.

This practice strives to keep fee costs as low as possible, however additional fees may apply for diagnostic or court reports, testing, letters, form completion or similar documents.

Please speak directly to your psychologist regarding any additional document requests, or provide them in writing. All contact details are available at clmpsihology.com.

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.

This practice strives to keep fee costs as low as possible, however additional fees may apply for diagnostic or court reports, testing, letters, form completion or similar documents.

Please speak directly to your psychologist regarding any additional document requests, or provide them in writing. All contact details are provided at clmpsiychology.com.

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. If you believe you will be unable to attend your appt in person please call Claire on 0432 395 291 to request a phone or video appt in lieu of a cancellation.
- 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

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