

Psychology Services: Client Consent Form

If you are unclear about any of the information in this document or have any questions, please discuss this with your psychologist prior to your session or at the beginning of your consultation.

Psychological Service

As part of providing psychological services to you, Evo Psychology needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history, emergency contact details, and other information as relevant.

This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted. Your informed consent will be obtained before any treatment or assessment is initiated and you may withdraw from treatment at any time without prejudice.

Privacy and Confidentiality

The information gathered from you is part of your assessment and treatment. All of this is stored securely and in the interests of your privacy, only used by your psychologist and any authorised employees of the practice (as required). We would like to emphasise that your privacy and the confidentiality of the information you provide is protected at all times. The Psychologists at this practice are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and are members with the Australian Psychological Society (APS) and it is a requirement that all Psychologists associated with these bodies adhere to strict guidelines for professional conduct and a code of ethics.

The personal information collected is retained in order to document what occurs during your sessions, and enables the Psychologist to provide a relevant and informed psychological service to you. You are entitled to access your personal information kept on file at any time. Should you wish to access this, please discuss this with your Psychologist.

Limits to confidentiality

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

1. It is subpoenaed by a court; or
2. Failure to disclose the information would in the reasonable belief of Evo Psychology place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
 - a. provide a written report to another professional or agency. e.g. GP, school or a lawyer; or
 - b. discuss the material with another person, eg. a parent, employer or health provider; or
 - c. disclose the information in another way; or
4. You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected

Fees

Fees are dependent on a number of factors, including length of session (usually 55 minutes), the Psychologist you are seeing, the service being provided, and the type of referral. Fees are payable at the time of your consultation via EFTPOS, cash, credit card, or through third party arrangement. For convenience (and where eligible), Medicare rebates will be processed after your consultation.

Consequence of Not Providing Personal Information

If you do not wish for your personal information to be collected in a way anticipated by this consent form, Evo Psychology may not be in a position to provide psychological services to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for Evo Psychology to deal with you or if Evo Psychology is required or authorised by law to deal with identified individuals. In most cases, it will not be possible for you to be anonymous or to use a pseudonym.

Cancellation Policy

To ensure Evo Psychology provides you with the highest quality of care, please give at least **48 hours** notice if you are unable to attend your scheduled appointment. Otherwise, you may be charged a late cancellation/non-attendance fee. This fee must be paid in full prior to any subsequent sessions at Evo Psychology.

Providing us notice of your cancellation or non-attendance as soon as possible allows us to offer the appointment to other clients who may be in need.

APS Charter for Clients of Psychologists

I have read and understood this information, which has been made available to me.

Consent

I, _____ (print name), have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Evo Psychology.

Client name: _____

Client signature: _____

Date: _____