

Dr Suzanne Williams
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Clinical Psychologist

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PATIENT INFORMATION AND CONSENT FORM

Mr/Mrs./Ms/Miss *First Name(s):* _____ *Last Name:* _____

Address: _____

_____ *Postcode:* _____

Telephone: *Home:* _____ *Work* _____ *Mobile* _____

Email address: _____

Date of Birth: ____/____/____ Occupation _____

Medicare No: _____

Do you give permission for our clinic to leave a message on your answering machine, text message on mobile or with a family member when we confirm an appointment? YES/NO

Name and phone no. of a person who you agree may be contacted in case of emergency:

Name _____ Relationship to you _____

Contact Number _____

I provide consent for information to be released to health care professional involved in my care.

Name: _____

Signed: _____ Date: _____

Where applicable, please complete the following details:

- If you have been referred under TAC/Workcover/Comcare please complete the following details:

Claim No: _____ Date of Injury ____/____/____

Name & Address of Insurer: _____

_____ Postcode _____

Name of Claims Officer & contact telephone number: _____

PSYCHOLOGICAL SERVICE

As part of providing a psychological service to you, Suzanne Williams will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

THE FIRST VISIT

The initial appointment will generally cover the following: Discuss your concerns and plan a course of assessment and treatment that suits you and meets your goals; Explain the process of therapy and answer any questions you have; Clarification of issues around fees and referral process.

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, or
- 2. Failure to disclose the information would place you or another person at risk; or
- 3. Your prior approval has been obtained to
 - a) Provide a written report to another professional or agency, e.g. a GP or a lawyer; or
 - b) Discuss the material with another person, e.g. a parent or employer.

FEES

For private patients with a referral from a psychiatrist or a referral from your GP and a mental health care plan, the cost of a one hour consultation (usually 50 minutes) is \$180.00 and you are eligible to claim a Medicare rebate of \$124.50. Your out-of-pocket expenses will be \$55.50.

Payment may be made by cash or cheque or EFTPOS

Pensioners, unemployed, students and those with financial hardship will be bulk-billed and there will be no out of pocket fee.

A referral under the Medicare system entitles you to 10 'rebated' sessions in a calendar year. Under the Medicare system, you must have a review with the referrer after the first six sessions to continue receiving the rebate.

CANCELLATION POLICY

If, for some reason you need to cancel or postpone your appointment, please give me at least 24 hours notice, otherwise you will be charged a cancellation fee.

POLICY FOR MANAGEMENT OF PERSONAL INFORMATION

This document describes the policy of Suzanne Williams for the management of clients' information. The psychological service provided is bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

CLIENT INFORMATION

Client files are held in a secure filing cabinet which is accessible only to Suzanne Williams. The information on each file includes personal information such as name, address, contact phone numbers, and other information which is relevant to the psychological service being provided.

PURPOSE OF HOLDING INFORMATION

The information if gathered as part of the assessment, diagnosis and treatment of the client's condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

REQUESTS FOR ACCESS TO CLIENT INFORMATION

At any stage clients may request to see the information about them kept on file. The psychologist may discuss the contents with them and/or give them a copy. All requests by clients for access to information held about them should be lodged with Suzanne Williams. These requests will be responded to within 10 days and an appointment will be made if necessary for clarification purposes.

CONCERNS

If you have a concern about the management of your personal information, please inform Suzanne Williams. If at any time you wish to lodge a formal complaint about the use of, or access to, your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992, or GPO Box 5218, Sydney, NSW 1042.

I, (print name in Block Letters), have read and understood the Above Consent Form and Policy. I agree to these conditions for the psychological service provided by Suzanne Williams. I certify that the information I have provided is true. I understand that where full liability for psychological services is not accepted by TAC, Workcover, VRAS or similar authority that I am responsible for payment of outstanding fees.

Signature: Date:

If you are at all unsure of what is written in this document, please discuss it with Suzanne Williams.