

## **Psychology Services: Client Informed Consent Form**

### **Consent for service**

Your consent is required for us to provide a psychological service. Dr Kelly Harris, will explain to you the benefits and any potential risks of accessing psychological services. Please ensure that you fully understand the service information provided and ask for further information if you are unclear as to the information outlined in this consent form.

### **Personal information**

As part of providing a psychological service, such as a psychological assessment or treatment, we will need to collect and record personal information that is relevant to your current situation. This information is a necessary part of the services provided and guides treatment. You do not have to give all of your personal information, but choosing not to share your relevant information may mean that the psychological service may be affected.

### **Purpose of collecting and holding information**

Your personal information is gathered as part of your assessment and treatment. Your information will be confidentially retained to document what happens during sessions and enable the psychologist to provide a relevant and informed psychological service to you.

At times, with your consent we may also gather information from others to help to inform the psychological service. That information is treated in the same way as your personal information.

Consent is also required for permission to use your personal mobile number and/or email to send you appointment reminders/cancellations etc. via the practice management software system (Halaxy): SMS ☐ Email ☐ (please tick all that apply).

### **Information storage**

Your information is stored securely. It is only accessed by Dr Kelly Harris, in accordance with the practice's applicable policies and procedures (copies of which may be viewed online or on request). Your information is stored using the Halaxy Practice Management System, a secure electronic system that adheres to Australian Privacy laws.

A more detailed description is provided in the practice's "Privacy policy for management of personal information". If you have concerns that the information recorded is not correct, please discuss your concerns with Dr. Kelly Harris.

### **Consequences for not providing personal information**

Psychologists are required to keep clear and accurate client records as part of their professional obligations. If you do not wish for your personal information to be collected, we may not be able to provide the psychological service to you. Please discuss any concerns you have with your psychologist.

### **Accessing your personal information**

At any stage, you are entitled to access your personal information kept on file. There may be some exceptions to this, which are outlined in the relevant legislation or policies. If you would like to access your information, please discuss it with us or you can request in writing.

### **Confidentiality of information**

Personal information gathered by Dr Kelly Harris will remain confidential except for certain circumstances. In most cases, any sharing of information will only occur with your consent. Our practice asks for your consent to share information when:

- Sharing information with a family member, guardian or carer.
- Discussing with others, such as your GP, employer, or any agencies which may be paying for your attendance.
- Providing a written report regarding your assessment or treatment to another professional or agency, such as your GP, lawyer or insurance company.
- For disclosing the information in any other way not referenced in this document.

Psychologists are required to consult and receive supervision from colleagues from time to time. If your information is shared in this context, all care is taken to deidentify your information in such a way that you remain anonymous.

### **Exceptions to confidentiality**

There are times when Dr Kelly Harris may release your information without obtaining your consent such as:

- When a court requires information by issuing a subpoena, or providing information is otherwise required or authorised by law.
- When it is required because the psychologist must make a mandatory report on a concern.
- When the psychologist discloses information because they believe you or someone else is at risk of serious harm.

### **Fees**

The cost of a standard consultation (usually between 45-60 minutes) is **\$240**, which is **payable at the end of the session** via EFTPOS, HICAPS, credit card or through third-party funder arrangements. If you have a Mental Health Treatment Plan and are receiving rebates, you may be eligible for a rebate of \$145.25. Medicare rebates and some Private Health Insurance Fund rebates can be processed at the completion of the session after payment.

### **Cancellation Policy**

If, for some reason you need to cancel or reschedule your appointment, please give at least 48 hours notice. This clinic has a policy regarding late cancellation. If less than 48 hours notice is given you will be charged half the session fee, \$120, to cover associated expenses. Settlement of this account is required prior to further sessions being scheduled.

**Communication between sessions**

Communication via email and telephone in-between scheduled sessions will be kept to a minimum with an expectation that it is limited to administrative issues (i.e., organising appointments, advising of any recent changes, requesting information to be shared). It is strongly recommended that private information not be shared via this format due to privacy and confidentiality issues.

**Court reports and letters**

Please be advised that this service does not provide letters or reports for court purposes. It is recommended that if you require such you consult with a specialist or other service.

**APS Charter for clients of psychologists**

The attached Charter explains your rights as a client of a psychologist.

**Period of consent**

This consent is provided for the following time period. Consent will also be reviewed as required should the terms of the service change.

Consent is valid until this set date \_\_\_\_/\_\_\_\_/\_\_\_\_

You have a right to withdraw consent at any time by telling Dr Kelly Harris or putting your request in writing. You cannot withdraw consent for a service that has already occurred. Dr. Kelly Harris will discuss with you any implications of withdrawing consent.

**Signature**

**I have read and understand the contents of this consent form and the information provided to me during the consent process. I agree and consent to the above conditions for the psychological services provided**

**Client name:**

**Signature:**

**Date:**

***Or Parent/Guardian/Authorised Representative of above-named person***

**Relationship:**

**Printed name:**

**Signature.**

**Date:**

***Please note: If after reading this form you are unclear at all about any of the information provided, please speak with Dr Kelly Harris to discuss.***

## Informed Consent to Share Information

### Client details

**Name:**

**Date of Birth:**

It has been discussed with me how and why certain information about me may be shared with other service providers, as listed below. I understand this and give my consent for the information to be shared. This consent remains current for the period of \_\_\_\_\_ and will be revisited as required.

Consent to share information		
Personal information to be shared (including exceptions)	Name of agency or person who information will be shared with	Purpose of information sharing

### ☐ Written consent obtained

**Printed name:**

**Signature:**

**Date:**

### ☐ Verbal consent obtained

I have discussed with the above-mentioned client how and why certain information may be shared with other service providers, as listed. The client demonstrated sufficient understanding of this information and provided informed consent for this to occur. The client agreed that this consent remains current for the period of \_\_\_\_\_ and will be revisited as required.

### ☐ Authorised decision maker

I am the authorised decision-maker for the above-mentioned client. It has been discussed with me how and why certain information about the client may be shared with other service providers, as listed. I understand this and give my consent for the information to be shared. I understand that this consent remains current for the period of \_\_\_\_\_ and will be revisited as required.

**Printed name:**

**Signature:**

**Date:**

### Consent obtained by (psychologist)

**Printed name:**

**Signature:**

**Date:**