

Tamar Valley Psychology

New client registration form

Client Details

Client name Date of Birth

Address.....

Phone number

Email address

If claiming a rebate under a MHCP please provide your Medicare information below:

Medicare card number Ref Month Year

Payment details

Person/Company responsible for payment (if not the client):

Relationship to client: Phone:

Address if different from above:

Apart from your referring GP/specialist are there any other professionals currently involved in your care. Please list along with any claim numbers:

.....
.....

Emergency contact

Name: Relationship to you:

Phone Number:

Brief description of presenting issue:

.....
.....
.....
.....

CONDITIONS OF SERVICE

CONFIDENTIALITY

All your information and records are kept strictly confidential. There are some qualifications to this:

- If you have a Medicare Mental Health Care Plan referral it is a Medicare requirement that a report regarding your therapy is sent to the referring practitioner after the 6th and 10th sessions and/or at termination of therapy.
- If an insurance company is responsible for the account, regular update reports are often a requirement from the insurer.
- If you are involved in matters of a legal nature, psychologists' records have no special legal privilege, and your file could be subpoenaed as evidence.
- The clinician will endeavour to use best practice and act in accordance with the registration requirements specified by the Australian Health Practitioner Regulation Agency (AHPRA).

Personal information collected will be used for the primary purpose for which it is collected and only accessible by myself. Case notes and other documentation when created will be stored electronically. Your file is kept confidential, in accordance with the relevant professional codes of conduct and information from this only provided to external organisations or individuals if authorised by the client/parent, or the law. Information is stored for 7 years after the last contact, or until a child turns at least 25 years, at which time your records are archived according to legislative requirements.

If you have any concerns about the above information or would like to have certain limitations imposed on the information about you on file, please discuss the matter with me.

FEES

The standard fee for a 60-minute appointment is set by me and will be discussed with you at the time of booking. Please be aware that different services will attract different charges. Invoices will be emailed to the person/company responsible for payment with terms strictly 7 days unless prior arrangements have been made.

For those with a MHCP or private health cover, a receipt will be emailed to you with the required details to claim a rebate if eligible.

MISSED APPOINTMENTS

If you fail to keep your appointment without giving notice, the full session fee may be charged. Changes/cancellations to appointments need to be done with at least 48 hours' notice in advance. Occasionally, unexpected emergencies may deter you from attending an appointment; if this is the case, please contact me as soon as possible to cancel or reschedule. *Please note that regular attendance is important to achieving therapeutic goals.*

If you have any queries about the service conditions, or therapy that you will receive, please contact me to discuss.

I agree to the above terms & conditions.

Name:

Signature: **Date:**