

Auckland Mental Wellness Centre

DDI: 09 558 4455 Mobile: 021 960 303
Email: aucklandmentalwellness@gmail.com



CONFIDENTIALITY STATEMENT AND TERMS & CONDITIONS

I have discussed the following items with my clinician and confirm that: (please tick)

- I understand that what I share and talk about my clinician is kept private and confidential.
My clinician will use this information to provide me with care and services.
- I understand that I can ask questions or share concerns about my care with clinician.
- I understand that the privacy does not apply in certain exceptional situations, as explained by my clinician.
- I understand that this service is not a crisis service. If I am in crisis I can receive urgent care through the Crisis Team of Community Mental Health Service (0800 800 717), as explained by my clinician. If it is an emergency, I need to call 111.

CANCELLATION POLICY

- I understand that my appointment time is reserved only for me. If I need to cancel the appointment, I will notify the clinic (09 588 4455/ 021 960 303) at least **48 hours in advance**.
This allows another patient to use this time.
- I understand that where a late cancellation is made between **24-48 hours** before the scheduled appointment, a fee of \$50 will be invoiced.
- I understand that where a late cancellation is made with **less than 24 hours notice**, the full consultation fee will be invoiced.
- I agree to text messages being sent to me to remind me of follow up appointments and I will respond to those texts.

Name:

Signature:

Date: