

Carly Johnson

Dana Allied Health
1013 Dana Street
Ballarat, Vic 3350
Ph: 0403673288

Consent Form

Name: _____ **DOB:** _____.

Please read this information carefully and sign where indicated below.

Carly Johnson will collect information from you for the primary purpose of providing quality mental health care. You are asked to provide personal details and history so that an accurate and collaborative formulation and recovery plan can be developed. This means that the information you provide will be used in some or all of the following ways:

- Administrative purposes in running this private mental health practice
- Billing purposes including with Health Insurance Company requirements, Medicare, NDIS and other organisations
- Disclosure to others involving your care, including your GP. Per medicare agreements, this will occur through progress reports at the initial meeting and the sixth and tenth sessions.
- Information sharing with your nominated person to assist with recovery plans and crisis management plans

Fees: I have read the fee schedule and accept the charges set.

Signed..... Date.....

Name.....



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Cancellation Policy Consent

CANCELLATION POLICY

****Please read this notice before completing the Consent Form****

In the event that you are unable to make your appointment please provide as much notice as possible.

When you book an appointment, time is specifically set aside for your therapy. This time is not available to other client's and **a cancellations fee of 100% of appointment fee will be incurred if you do not give more than 24 hours notice when cancelling your session.** When you give 24 hours or more notice, no cancellation fee is incurred. If a session is rescheduled with less than 24 hours notice it will be charged as if the session were cancelled. This is a fair policy which allows individuals who may be waiting upon appointments to be seen.

In the case that you, or someone you care for is unwell, notification is required before 9am on the day of appoint to avoid the cancellation fee. If notice occurs later than 9am, a cancellation fee will also be incurred (90% of appointment fee). I

If for some reason Carly Johnson is unable to attend an appointment, it will be re-scheduled at a time convenient to both parties wherever possible.

I am aware that there is a cancellation policy. I am aware that if less than 24 hours' notice is provided to cancel an appointment, I will be charged a cancellation/no-show fee. I know this amount will be automatically debited from my credit card account, or an invoice will be sent.

CREDIT CARD DETAILS

Card Holders Name

Credit Card Number

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Expiry Date

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I have read the privacy notice and agree to the cancellation policy listed below.

Signature

Date

Name