

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

Nature and purpose of the Psychological Service

As part of providing psychological services, relevant personal information related to your current situation will be collected and recorded to support assessment and treatment planning. Therapy is a collaborative process shaped by your goals, preferences, and pace, and may involve a range of different approaches depending on your needs. Outcomes of therapy vary, and no guarantees can be made regarding results. You are encouraged to raise any questions, concerns, or preferences as they arise. You may pause or cease therapy at any time, including during a session, if you feel uncomfortable or decide it is no longer the right fit.

Crescent Psychology is committed to providing culturally safe, inclusive, and accessible services. Please let your psychologist know about any cultural considerations, communication needs, or access requirements that are important to you.

Confidentiality and Privacy (For further information, please refer to the Crescent Psychology Privacy Policy on our website.)

As part of providing psychological services, relevant personal information related to your current situation will be collected and recorded. This information assists in providing an appropriate and thorough service. Client information is stored securely using electronic practice management systems, secure cloud-based storage, as well as locked physical filing cabinets, in accordance with privacy legislation. Records are required to be kept for a minimum of 7 years, or if you are under the age of 18 at the time of treatment, until you are 25 years of age. You may request access to the information in your file, subject to the exceptions under the *Privacy Act 1988 (Cth)*.

For child and adolescent clients, parents or guardians generally have the right to access information in their child's file. As children mature, their capacity to consent and confidentiality preferences will be considered. Where a young person is assessed as a mature minor, this may limit what information can be shared without their consent, unless there are concerns about safety or risk.

All personal information gathered by the psychologist during the provision of psychological services will remain confidential and secure except when:

1. it is subpoenaed by a court, or disclosure is required or authorised by law; or
2. failure to disclose the information would place you or another person at risk of harm; or
3. there is a reasonable belief of child abuse, neglect, or risk of significant harm, in which case psychologists are required by law to make mandatory reports; or
4. with your prior consent, or the consent of a parent or guardian who is legally authorised to act on your behalf, to provide a written report to another professional or agency, or to discuss information with another person (e.g. parent, employer); or
5. you would reasonably expect your personal information to be disclosed to another professional or agency, and the disclosure is directly related to the primary purpose for which it was collected (e.g. informing your GP of treatment and progress); or
6. clinical consultation with another professional is required to provide better clinical services (identifying details will remain confidential); or
7. in the event that the psychologist is unexpectedly unable to continue providing services (for example due to illness, incapacity, or death), a professional contingency plan will be enacted. This will involve a nominated registered psychologist accessing limited client records solely for the purpose of client notification, continuity of care, or facilitating appropriate referrals, in accordance with privacy legislation.

If during the course of your work with Crescent Psychology we become aware of a risk to someone's life, health, or wellbeing, we may be required by law to report the matter to the appropriate agencies.



Written reports, letters, or information shared with third parties (e.g. schools, NDIS, GPs, insurers) require written consent and may attract an additional fee.

To protect client privacy and professional boundaries, Crescent Psychology does not engage with clients via social media or acknowledge therapeutic relationships in public or online spaces.

Session Fees

Sessions at Crescent Psychology are billed at a rate of \$220 for a 50-minute session or \$130 for a 30-minute session. Fees are reviewed periodically, and current fees are published on the Crescent Psychology website. Online bookings require a \$50 deposit, which will be retained in the event of late cancellation or non-attendance. Remaining fees are payable at the time of consultation.

Some private health insurance policies may provide cover for psychological services depending on the policy. Please check with your insurer regarding eligibility. DVA card holders may be eligible for sessions with a referral from their GP.

Medicare Rebates

Under the Medicare Benefits Schedule (Better Access), Medicare rebates are available to clients with an assessed mental health disorder. Medicare rebates are accessed with a Mental Health Treatment Plan and referral from a GP, Psychiatrist, or Paediatrician. Medicare rebates are limited to 10 sessions per calendar year.

Cancellation Policy

If you need to cancel or postpone an appointment, at least 48 business hours' notice is required. A \$50 cancellation fee will be charged for late cancellations or non-attendance and will be retained from the booking deposit. Please make every effort to notify the practice if you are unable to attend, as other clients are waiting for appointments. To cancel or reschedule an appointment, please contact Crescent Psychology on 0422 708 123 or via text or email at office@crescentpsychology.com.au.

Emergency

Crescent Psychology is not a crisis service. For emergencies, contact 000, or the Queensland Mental Health Access Line 1300 MH CALL (1300 642 255), Lifeline 13 11 14 or 13YARN (13 92 76)

Therapy works best when it feels collaborative, safe, and respectful. Please ask questions at any time, informed consent is an ongoing conversation, not a one-off form.

I confirm that I have read and understood the above information, have had the opportunity to ask questions, and consent to the psychological services and associated fees.

Client Name: _____

Parent / Guardian Name (if applicable): _____

Relationship to Client (if applicable): _____

Signed (Client / Parent / Guardian*): _____

*For clients unable to give informed consent.

Date: ____ / ____ / ____