



## Psychology Services: Client Consent & Next of Kin Form

### Psychological service

As part of providing a psychological service to you, PsychologyCare needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted. Your informed consent will be obtained before any treatment or procedure is initiated and you may withdraw from treatment at any time without prejudice. If you are unclear about any of the information on this consent form, please discuss this with your psychologist.

### Privacy and confidentiality

Your personal information is gathered as part of your assessment and treatment. All of this is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary). We would like to emphasise that your privacy and the information that you provide is protected at all times. All of our psychologists are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and it is a requirement that all psychologists follow strict guidelines for professional conduct that is in line with AHPRA and the Australian Psychological Society (APS) Code of Ethics. Your personal information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service to you. You are entitled to access your personal information kept on file at any time. Should you wish to see the information kept on your client records, please discuss this with your psychologist.

### Limits to confidentiality

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential except when: 1. It is subpoenaed by a court; or 2. Failure to disclose the information would in the reasonable belief of PsychologyCare place you or another person at serious risk to life, health or safety; or 3. Your prior approval has been obtained to a. provide a written report to another professional or agency. e.g. GP, school or a lawyer; or b. discuss the material with another person, eg. a parent, employer or health provider; or c. disclose the information in another way; or 4. You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or 5. Disclosure is otherwise required or authorised by law; or 6. When consulting with colleagues, or in the course of supervision, your psychologist will be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the APS Code of Ethics.

### Consequence of not providing personal information

Please note that you have the right to refuse this consent. However, in certain situations, your refusal may mean that you will not be able to proceed with services at the clinic, especially if they are funded through a collaborative government scheme that requires reporting.

### Cancellation Policy

To ensure that PsychologyCare provides the highest quality of care to our clients, please give at least **48hour** notice if you are unable to attend your scheduled appointment. Otherwise, you will be charged a late cancellation/ non-attendance fee of \$100. This fee must be paid in full prior to the commencement of your next session at PsychologyCare. Your cancellation notice would be much appreciated, as this can enable us to provide services to other clients who may be in need of an urgent appointment. Should you need to cancel outside of office hours, please call 07 5612 5091 and leave a message or email: [admin@psychologycare.com](mailto:admin@psychologycare.com)

### Emergency and After Hours Coverage

Normal operating hours for the clinic are Monday through Friday, 9:00AM through 5:00PM, excluding public holidays. When there is no one available to take your phone call, you may leave a confidential message on the clinic's answering machine. The clinic does not have coverage for emergencies. In the case of an emergency, you should contact your nearest hospital emergency department. Alternatively, you may call an agency or Lifeline which operates a 24-hour telephone crisis counselling service on 13 11 14. You are encouraged to share any experienced after-hours emergencies as soon as possible with your provider.



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### Consent

I, \_\_\_\_\_, have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by PsychologyCare.

Client name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If client is under 18 years of age;

Parent/ Guardian's name: \_\_\_\_\_

Parent/ Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Next of Kin/Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_