Dr. Rachel Bushing
Clinical Psychologist
BPsyScHons, DClinPsych, MAPS
Child, Adolescent, and Family Psychologist
Board Approved Supervisor

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CONSENT FORM

CONFIDENTIALITY

All information gathered in the course of therapy will remain strictly confidential and stored in a secure location. At any stage, you as a client are entitled to access the information about you kept on file, but the information will only be released with a request made in writing from you.

There are some exceptional circumstances where confidentiality may need to be broken without client consent. These circumstances include where:

- Your psychologist forms the opinion that failure to disclose the information would place the client or another person at serious and imminent risk.
- You inform the psychologist that you have committed or are planning to commit a violent or criminal act with major social consequences.
- A child discloses that they are being harmed.
- Your clinical records are subpoenaed by a court of law.

As a matter of course, for clients who are referred under the Medicare programs (i.e., Mental Health Care Plan), your GP will be given a psychological report on your progress at the conclusion of the 6th session and again after the 10th session of treatment.

FEE SCHEDULE

The price for a 50 minute consultation is $180.00. Payments can be made by eftpos or direct debit. Payment is required on the same day as the therapy session.

CRISIS CONTACT

I am contactable between sessions by phone or email to make or adjust appointments. However, due to time constraints, I am unable to provide phone consultations or crisis care, therefore clients requiring these services will be referred to either Lifeline 131114, or their local hospital or health service.

CANCELLATION

Please allow at least 24 hours notice of cancellation. A cancellation fee will be charged at 50% of consultation fee if notice is less than 24 hours.

I / We ____

have read and understood the above conditions and agree to them.

Signed: ________________________

Date: ________________________