

Dr Elizabeth Daff

Clinical & Forensic Psychologist

CONSENT FORM

Psychological service

As part of providing a psychological therapy to you, Elizabeth Daff (“the psychologist”) needs to collect and record personal information that is relevant 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.

Purpose of collecting and holding information

Your personal information is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your psychologist and authorised practice personnel. Your personal information is retained to document what happens during sessions and enables the psychologist to provide a relevant and informed service to you. A more detailed description is provided in the “Privacy Policy” at drelizabethdaff.com. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

Consequence of not providing personal information

If you do not wish for your personal information to be collected in a way anticipated by this form or the Privacy Policy, the psychologist may not be able to provide the psychological service to you.

Access to client information

You are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you different possible forms of access.

Disclosure of personal information

Personal information gathered by the psychologist during the provision of the psychological service will remain confidential except when:

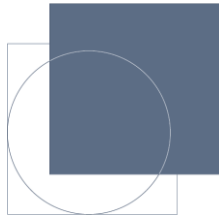
1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. failure to disclose the information would, in the reasonable belief of the psychologist, place you or another person at serious risk to life, health, or safety; or
3. to determine funding eligibility with relevant bodies (e.g., Medicare); or
4. your prior approval has been obtained to
 - a) provide a written report to another professional or agency. e.g., a GP; or
 - b) discuss the material with another person, e.g., a family member, employer, health provider, or third-party funder; or
 - c) disclose the information in another way; or
 - d) disclose 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.

Your personal information is not disclosed to overseas recipients, unless you consent, or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented, or disclosed for any other purpose.

Email: Edaffpsychology@outlook.com

Ph: +61 493 857 105

Web: <https://drelizabethdaff.com/>



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Anonymous information you provide may be discussed with qualified clinician(s) in a supervisory capacity.

Telehealth Sessions

Telehealth sessions will be conducted using Zoom. You can read more about the security of some of these platforms at: <https://explore.zoom.us/en/trust/security/>

When the above is not feasible, you and your psychologist may decide to utilise other applicable platform(s) and verbal consent will be sought. It is important that both client and psychologist take the following steps to ensure confidentiality and security of therapy is preserved whilst utilising an online platform:

- We both agree not to record our sessions, in the interests of preserving therapist-client confidentiality
- We both agree to not have any other people in the room when we hold a private videoconference
- Despite our best efforts, interruptions may occur due to the nature of telehealth
- To prevent non-participants from joining our confidential session, we must not share the link that is sent to you with any other person

Fees

The cost of a consultation (60 minutes) is \$260 for an initial appointment (new client or have not attended in over 6 months), \$250 for a standard session, or \$10 more if appointment is from 5pm or on a weekend, payable at the end of the session by credit or debit card (processing fee applies), or direct debit in full. **If your direct debit payment is rejected, the payment will then be processed on your stored credit card including the transaction fee and the unsuccessful card payment fee.** Card information will be collected and retained to process session fees through secure channels.

Mental Health Care Plan rebates can be processed following the appointment.

All other funding sources must be claimed by the client.

Refusal to Treat

It is within the psychologist's rights to refuse treatment at any point during the treatment episode should it be ethically, morally, or clinically indicated. If the psychologist feels safe to do so, the reason(s) for this will be communicated. If appropriate, onward referral options will be provided and reasons for refusal to treat will be communicated with the referrer.

Cancellation Policy

If you need to cancel or reschedule, please give at least 2 business days notice, prior to your scheduled appointment.

Lack of notice will incur a cancellation fee, regardless of the reason for cancelling.

If you cancel within 2 days, 50% of the cost of the session will apply.

If you fail to attend without prior notice, a full session fee will apply.

Cancellation fees will be processed on the day of the appointment via your provided banking information prior to further appointments being made.

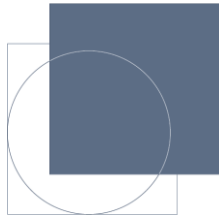
APS Charter for Clients of Psychologists

The Charter is also located at drelizabethdaff.com and explains your rights as a client of a psychologist.

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I, (*print your name in Block Capitals*),
have read and understood this Consent Form. I agree to the above conditions for the psychological
service provided by Elizabeth Daff. Should these terms change, I agree to be notified and continued
use of this service will constitute agreement to the changes.

Signature

Date / /

Please note:

*If, after reading this form you are at all unclear about any of the information
provided, please contact the psychologist prior to your appointment.*

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