



Psychologist Informed Consent Form

Diane Sibilant | Psychologist

Provider Number 457543DL

Full Name:

Date of Birth:

Psychological Service

A psychologist provides *Focused Psychological Strategies*. The aim of this treatment is to help you understand more about your mental and emotional state and to learn strategies to manage the difficulties you are experiencing.

If you have come for treatment under a General Practitioner's *Mental Health Treatment Plan (MHTP)*, I am required to report back to your doctor about your progress. Following the completion of 6 sessions you will need to return to your doctor for review of your Mental Health Treatment Plan.

Fees for visits with a Valid Mental Health Plan

There will be a charge of \$160.00 for psychology appointments. Medicare will rebate \$89.65 with a valid Mental Health Care Plan.

Please note psychology appointments generally take approximately 50 minutes.

Please inform the practice giving at least 24 hours' notice if you are unable to keep your appointment so that we can give your appointment time to another patient who can attend.

Professional Private Fees:

Private Consultation Fee - \$160.00

Cancellation Fee (less than 24 hours' notice): \$80.00

You will receive an SMS to confirm your appointment 48 hours prior to your appointment time. Please respond yes to confirm or CALL us to reschedule or cancel your appointment if you aren't able to attend- no fee will be charged at this time of cancellation. If you do confirm your appointment and then do not show up or have to cancel, the cancellation fee would then apply.

Confidentiality

The laws and standards of my profession require that I keep treatment records.

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

1. It is subject to subpoena by a Court; or
2. Failure to disclose the information would place *you or another person at risk*; or
3. Your prior approval has been obtained to
 - a) Communicate with, or provide a written report to another professional or agency (e.g., a GP, specialist, other treating health professional or a lawyer); or
 - b) Discuss the material with a non-professional person (e.g., a family member or employer).
 - c) Discuss aspects of treatment with senior colleagues for supervision purposes. In this situation, your anonymity would be preserved.

I, (please print your name)have read and understand the above Informed Consent Form.

- I have read and acknowledged that there is a cancellation fee (less than 24 hours' notice).
- I understand that any outstanding fees must be paid prior to rebooking/attending my next appointment. Failure to do so will require Dural Family Medical Practice to use debt recovery agencies to recover the outstanding payment.

For clients with a Mental Health Treatment Plan:

- I am aware that my psychologist will discuss any concerns with and provide reports to my referring doctor.

- I am aware that I will need to return to my doctor to review my progress after the 6th session.

I agree to these conditions for the psychological service provided.

Signature Date: