



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed: Full-time Part-time Casual

GP Details: Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Medicare Card Details: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

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

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

How did you find out about Sally Findley Psychology? \_\_\_\_\_

Have you ever seen a Psychologist and/or Psychiatrist before? \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

What stressors and/or losses have you experienced over the past 12 months: \_\_\_\_\_

What are your goals for counselling? (We will discuss these in the first session, so please give a rough idea of what is important to you)

Please turn over, read, and complete form

## **SESSION FEE & DURATION**

Initial sessions are 75 minutes and \$210; subsequent sessions are 50 minutes duration and \$210\*.

Clients are required to pay for their session on the day. We have a HICAPS machine to process payments and rebates (Medicare or Health Fund), with no additional fee for credit card processing.

\* Fees are subject to change without notice.

## **CONFIDENTIALITY**

As part of providing a psychological service to you, I will collect and record personal information from you that is relevant to your current diagnosis/circumstances. This information will be a necessary part of the psychological assessment and treatment that is conducted.

All personal information collected during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would place you or another person, including a child, at serious and imminent risk (i.e. a Mandatory Report); or
3. Your prior approval has been obtained to liaise with or provide a written report to another professional or agency (eg. a GP, Obstetrician, Gynaecologist or a Lawyer); or
4. If disclosure is otherwise required or authorised by law.

Where possible, you will be advised that a notification will be or has been made. Your counsellor will determine the perceived risk and make an assessment based on the available information. If necessary, your counsellor will consult their professional supervisor prior to making the disclosure to relevant authorities.

## **PROFESSIONAL SUPERVISION**

As Psychologists, we receive professional supervision (by a more senior qualified professional) on a regular basis to ensure we provide a quality counselling service. At times, patient cases are presented in professional supervision- only non-identifying information is discussed and will remain confidential in these consults.

## **CANCELLATION POLICY & RESCHEDULING**

Cancellation of appointment will incur the following fee, including the first session:

100% if cancelled within 24 hours of the allocated appointment time on the day of, or did not show for the appointment (i.e. \$210)

Please note that Medicare or health insurance rebates are not applicable to cancellation fees and therefore you will be responsible for payment. No further appointments will be scheduled until this fee is settled.

I have read and agree to the above Terms and Conditions and will be responsible for any cancellation fees incurred.

Print Name: \_\_\_\_\_

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