

Shire Psychology & Counselling

Family Name: Given Name: DOB/...../.....

Family Name Given Name DOB/...../.....

Marital status (circle one): Married / De Facto / Divorced / Separated

Postal address:

City: State: Post Code:

Home phone no.: Mobile no's:/.....

email addresses:/.....

Occupation:.....

Occupation.....

Chose clinic because/Referred to clinic by (please check one box):

Family Friend Close to home/work Yellow Pages Other

Name of GP: Dr Phone:.....

Address:.....

Name of Health Fund: Member Number:

IN CASE OF EMERGENCY

Name of friend or relative:..... Relationship to clients.....

Home phone no.:..... Mobile:

CANCELLATION POLICY:

1) half fee is applicable for cancellations the day before your appointment 2) full fee is applicable for cancellations on the day 3) cancellation fees are to be paid (in full) by the next appointment

Client Date:.....

Client..... Date.....

Psychological Service

As part of providing a psychological service to you, I, *Veronica Borham*, will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

You do not have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you.

PURPOSE OF COLLECTING AND HOLDING INFORMATION

The information is gathered as part of the assessment, diagnosis and treatment of your condition, and is seen only by me. The information is retained in order to document what happens during sessions, and enables me to provide a relevant and informed psychological service.

Access to Client Information

At any stage you as a client are entitled to access the information about you kept on file, unless the relevant legislation provides otherwise. I can discuss with you appropriate forms of access.

CONFIDENTIALITY

All personal information gathered by me 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 at serious and imminent risk;
or
3. Your prior approval has been obtained to
 - a. provide a written report to another professional or agency. eg. a GP or a lawyer; or
 - b. discuss the material with another person, eg. a parent or employer;
4. or if disclosure is otherwise required or authorised by law.
5. Sessions may be **audio recorded** to allow a session to be reviewed by the counselor to assist with the improvement of service provision. After review these files are generally deleted.
6. In some cases materials or issues from sessions may be discussed between the counsellor and their supervisor. Once again the aim is to provide you with the best service possible. In this event only sufficient information about your situation will be disclosed to allow the supervisor to provide useful advice without personally identifying you.

FEES

The cost of a one hour consultation is \$150.00 for a child & adolescent, and \$140 for individual adult and \$180.00 for couples, payable at the end of the session, by cash or eftpos (note additional fees apply when using eftpos facilities).

Fees are reviewed on an annual basis (calendar year) and may be increased without notice.

CANCELLATION POLICY

- 1) half fee is applicable for cancellations the day before your appointment
- 2) full fee is applicable for cancellations on the day
- 3) Cancellation fees are to be paid (in full) by the next appointment.

You (our client) agree that you will pay to us (Shire Psychology & Counselling) the consultation rate discussed and agreed to.

If you are settling your account with a credit or debit card, please note that a \$2.00 transaction fee will apply. You agree that you are and remain personally liable to pay the total amount at the session time unless other arrangements have been made with us.

Cancellations require a minimum of 48 hours notice. For cancellations the day before the appointment, half the scheduled fee will be charged and for cancellations on the day of your appointment the full fee is charged.

Outstanding debts: You, (the client) agree that all costs incurred in recovering any outstanding monies, including costs involved in debt collection and solicitors costs, on an indemnity basis, will be paid by you (the client).

Consent

It has been explained to us today by Veronica Borham, Psychologist, that digital photographs may be taken of our work. We understand that a copy of this photo will be given to us at the next session and a copy will be kept in the client file. We accept that these photos (de-identified) may be used for training purposes.

We, (*print names*)..... & have read and understood the above Information Form (which included details on confidentiality and cancellation fees).

We agree to these conditions for the psychological services, as described, provided by *Veronica Borham*

SignatureDate:.....

SignatureDate:.....