

Consent Form

The purpose of this document is to explain the policies governing the therapy interventions offered by Dr Paul Pusey & Associates and to aid your ability to provide informed consent to undertake them.

Fees

The cost for a 50 minute consultation will be \$131.65 (the Medicare Rebate Fee) for those individuals referred with a **Mental Health Care Plan**. The cost for a 50 minute consultation without a Mental Health Care Plan will be \$170.00 for an individual and \$220.00 for a couple. Please bring a copy of this plan to your first consultation otherwise, you will be charged at the higher rate.

Cancellation Policy

If for some reason, you need to cancel or postpone your appointment, please provide at least 48 hours notice. Cancellations received with at least 48 hours notice will attract no cancellation fee. Cancellations received with less than 48 hours notice will be charged at the cost of the session. A reminder email/SMS will be sent to you 72 hours prior to your session time.

Personal Information

The collection and recording of personal information relevant to your circumstances or treatment is a necessary part of the service provided by this practice. You may access the material recorded in your file at any time unless relevant legislation dictates otherwise.

Information obtained as part of services you receive from this practice will remain secure and confidential except in the following circumstances:

- Where it has been subpoenaed by the court
- Where the failure to disclose this information places you or another person at risk
- Where prior consent has been provided by you to disclose this material to third party or to provide a written report to another professional or agency.

Correspondence with Your Referring Practitioner

Medicare policy stipulates that for individuals referred with a Mental Health Care Plan that correspondence with the referring doctor must occur following the initial assessment session, your sixth session of treatment and following your tenth session of treatment or at treatment completion.

Charter for Clients of Psychologists

As a client of Dr Paul Pusey & Associates you have a right to expect that:

You will be treated with respect

You will receive a clear explanation of the service you will receive

Your consent for any service provided will be sought prior to its commencement and during its progress

You will receive an explanation about the nature and limits of confidentiality surrounding the service

You will be clear about the goals that are being worked towards

You will receive a professional and competent service

An estimate of the number of sessions required to achieve your goals will be discussed

You will receive a service free from sexual or any other type of harassment

You will be shown respect for your cultural and language traditions.

I (print name in block capitals)_____ have read and understood this consent form. My signature below indicates that I agree to these conditions for the psychological service provided by Dr Paul Pusey & Associates.

A photocopy of this authority shall be as valid as the original and I understand that I can withdraw or amend my consent at any time.

Signature:_____

Date:_____