



## The Health Psychology Clinic

### Consent Form and Psychological Service Agreement.

#### Psychological service

As part of providing a psychological service to you, The Health Psychology Clinic needs to collect and record personal information from you that is relevant to your situation, 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 is a necessary part of the psychological assessment and treatment that is conducted.

**PLAIN LANGUAGE SUMMARY: I will collect personal information about you which is necessary for your treatment.**

#### Purpose of collecting and holding information

Personal information is gathered as part of your assessment and treatment. It is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary).

Your personal information is retained in order to document what happens during sessions, and enables your psychologist to provide a relevant and informed psychological service to you. Personal information is held in accordance with State and Territory privacy laws. You can obtain information from the clinic about how to access and seek correction of your personal information, and lodge a complaint about management of your personal information should you be dissatisfied with how your personal information is handled.

**PLAIN LANGUAGE SUMMARY: Your information is securely stored. It will only be accessible to your treating psychologist and practice staff (as necessary). You can obtain information from the clinic about how to lodge a complaint if you are not happy with the way in which your personal information is handled.**

### **Consequence of not providing personal information**

If you do not wish for your personal information to be collected in a way anticipated by this letter our privacy policy, The Health Psychology Clinic may not be in a position to provide the psychological service to you. You may request to be anonymous or to use an alternate name (pseudonym), unless it is impracticable for The Health Psychology Clinic to treat you anonymously or if The Health Psychology Clinic is required or authorised by law to identify individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym, however if The Health Psychology Clinic agrees to you being anonymous or using a pseudonym, you must pay full consultation fees at the time of the appointment.

**PLAIN LANGUAGE SUMMARY: You can refuse to provide personal information, use an alternative name or remain anonymous when seeking treatment unless there is a legal or practical reason why this is not possible. If you choose this option you must pay the full fee.**

### **Access to client information**

You are entitled to access your personal information kept on file, subject to exceptions in the relevant privacy and freedom of information legislation. The Health Psychology Clinic can discuss different possible forms of access with you.

**PLAIN LANGUAGE SUMMARY: You are entitled to access your personal information kept on file, in line with privacy and freedom of information laws.**

### **Disclosure of personal information**

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

1. it is subpoenaed by a court; or
2. failure to disclose the information would in the reasonable belief of The Health Psychology Clinic staff place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
  - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
  - b) discuss the material with another person, eg. a parent, employer or health provider; or
  - c) disclose the information in another way; or
4. you would reasonably expect your personal information to be disclosed 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; or

5. disclosure is otherwise required or authorised by law.

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.

**PLAIN LANGUAGE SUMMARY: Your personal information will be not be disclosed to others without your permission unless 1) it is necessary for your treatment, 2) it is subpoenaed by a court or 3) there is reason to believe that not disclosing it places you or someone else at risk of serious harm.**

### **Fees**

Consults are charged at the following rate:

- Standard consult fees (\$180 per session)
- Concession consult (\$160 per session)

If referred under NDIS you will be asked to complete a NDIS specific service and fees are charged at the standard rate. Out of office consultations for clients who are palliative or have mobility issues. Cost are negotiated depending on distance (up to 50 km). Fees are payable at the end of the session by cash, debit or credit card. If you are referred under Medicare you may be eligible for a rebate. Fees are subject to change on an annual basis.

**PLAIN LANGUAGE SUMMARY: A standard consult costs \$180 (standard) / \$160 (pensioners and health care card holder referred under Medicare). Fees are payable by credit/debit card or cash at the end of your appointment. You may be eligible for a rebate.**

### **Cancellation Policy**

If, for some reason you need to cancel or postpone your appointment, please give the Health Psychology Clinic at least 24 hours notice, otherwise you will be charged a 50% cancellation fee.

**PLAIN LANGUAGE SUMMARY: Appointments must be cancelled with 24 hours notice otherwise you must pay a 50% cancellation fee.**

### **Emergency contact**

The Health Psychology Clinic is a part-time practice. You can contact the practice during our business hours on Monday to Wednesday 9am to 5pm. Outside of practice hours you can leave a message. We will endeavour to return your call as soon as possible, but this may take a few days especially at weekends or during holiday periods. In the event of a mental health crisis you should contact your GP practice or the following services which are available 24hrs/7days:

Accident & emergency department at your local hospital

NSW Mental Health Access Line 1800 011 511

Lifeline 13 11 14

Suicide Callback 1300 659 467

Beyond Blue 1300 224 636

**PLAIN LANGUAGE SUMMARY: The Health Psychology Clinic is a part time clinic. It is not a crisis service. Please contact crisis services detailed above in the event of a mental health crisis.**

### **Additional information for clients receiving a telehealth service.**

#### **Requirements of Medicare telehealth psychological service**

Medicare provides a rebate for up to 10 sessions of psychological service per calendar year by videoconference. During the COVID19 global pandemic, temporary provisions are in place for some clients to receive phone consultations as an alternative to video-conferencing.

#### **Requirement to provide contact details and location**

As we will mainly be working together by telehealth, I need to be able to contact support people in your locality should any safety issues arise. To access a service using telehealth you will need to provide the names and contact details of at least two people known to you and your GP before we commence treatment. These people may be contacted if not contacting them poses a risk of harm to you or another person, or in the case of a medical emergency where you require urgent medical attention.

Because you may be in varied locations for each of our videoconferences, I will require you to provide your location at the commencement of each session and identify who is present in the room.

### **Privacy in online communications**

The privacy of any form of communication via the internet or a mobile device is potentially vulnerable and limited by the security of the technology.

I use a secure telehealth platform called CoviU to provide telehealth consultations. It is specifically designed for healthcare and uses the highest level of security possible. For further information about this platform please visit it: [www.coviu.com](http://www.coviu.com)

Please be aware that email communication should contain minimal personal information.

I use email for administrative purposes such as setting up appointments, providing reading materials and issuing invoices etc. Invoices and receipts will be emailed as an attachment to an email.

### **Use of therapy session materials**

I will not make recordings of our sessions. I will seek your written consent if I wish to make a recording or use any material for other purposes (such as consultation with colleagues). I will ask you to respect my privacy by agreeing not to make recordings of our sessions and not to use materials from our sessions for purposes other than therapy. If you wish to record sessions or use session material for other purposes, you must seek my written consent to do so. Storage of your health records, electronic records and paper records are kept in secure storage.

### **Technology Issues**

Please be aware that you are responsible for any costs incurred in relation to the provision of your own internet service fees, software, hardware, and data usage associated with this telehealth service. There may be interruptions to the quality of the videocall which are beyond our control (e.g. internet speed/connection issues). Every effort will be made to address these. You can terminate treatment if telehealth is not right for you, or alternatively request a phone service (during COVID pandemic period only).

**INFORMED CONSENT FORM**

I, *(print your name in Block Capitals)*.....,

Date of birth: .....

have read and understood this Consent Form and Service Agreement (Version April, 2020).

I agree to the above conditions for the psychological service provided by Dr. Belinda Thewes, The Health Psychology Clinic.

*I provide consent for Dr. Belinda Thewes to communicate with the following people about my treatment:*

*General Practitioner:* .....

*Medical specialists/case manager:* .....

*Other relevant healthcare providers:* .....

Signature ..... Date ...../...../.....

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

Last Updated: 23 April, 2020