

# The Psychologists Richmond Consent Form

*(please print and sign)*

## Welcome to The Psychologists Richmond

We provide a psychological service that entails the assessment, diagnosis and treatment of clients. Please read the information below about our service and bring this form and any referral letters you have obtained to your first session.

## What to expect in your first session

Allow one hour for your first session. During this session, and possibly in further sessions, you and your psychologist will get to know each other, begin to work out the main issues you wish to discuss and consider the best course of action. While most people report that they feel anxious before the first session, they also report feeling comfortable very quickly.

Please arrive on time for your appointment - if you are more than a few minutes early there may not be anyone to let you in.

## Privacy and information policy

We need to collect health and personal information from you to provide a relevant, effective and safe service. We are required to retain this information and we will keep it confidential to the extent that we are able to do so.

We ask that you please review our “*Policy for the Management of Information*” on our website [www.thepsychologistsrichmond.com.au](http://www.thepsychologistsrichmond.com.au), which explains the circumstances in which we may be entitled and/or required to disclose information obtained about clients. That policy also sets out our clients’ rights to access information we hold about them.

## Fees & Cancellations

Payment is expected at the end of the session whether the session is in person or by Telehealth. If you are eligible for a rebate from Medicare or your private health insurer, you may claim it after you have paid for the session. Please note that, if you arrive late for your appointment, you may not be able to claim the full rebate to which you would otherwise be entitled.

## Cancellations

Cancellations made within **24 hours** of the appointment are charged at the full cost of the session, cancellations made within 48 hours of the appointment are charged at 50% of the full cost. These late cancellations cannot be claimed from Medicare or your private health insurer.

## Consent

I, (print your name in capital letters)

.....  
have read and understood the above information and the “*Policy for the Management of Information*” on the website of The Psychologists Richmond. I consent to The Psychologists Richmond providing a psychological service to me on the basis of that information, collecting health and personal information about me and using and disclosing that information as The Psychologists Richmond deems appropriate.

Signature .....

Date .....

If you have any questions or concerns regarding the information in this form or on our website, please discuss them with your psychologist.

# Information for our records (please print and sign)

## YOUR DETAILS

NAME ..... DATE OF BIRTH .....

ADDRESS .....

.....

EMAIL ADDRESS .....

MOBILE PHONE .....

PREFERRED METHOD OF CONTACT: MOBILE  EMAIL  TEXT

## NEXT OF KIN DETAILS

NAME.....

RELATIONSHIP TO YOU .....

MOBILE PHONE.....

*Please note:* Next of kin will only be contacted in case of an emergency and where ever possible contact will be discussed with you first.

## REFERRING PERSON

NAME .....