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CONSENT FORM

Psychological service

As part of providing a psychological service to you or your family, your psychologist from IKH Psychology 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 or your family.

This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

Purpose of collecting and holding information

Your personal information is gathered as part of your assessment and treatment, 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 the psychologist to provide a relevant and informed psychological service to you. A more detailed description is provided in the practice's "Privacy policy" for management of personal information, which can be obtained by contacting IKH Psychology. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

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 or the Privacy Policy, your psychologist may not be in a position to provide the psychological service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for your psychologist to deal with you or if your psychologist is required or authorised by law to deal with identified individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym.

Access to client information

At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. Your psychologist may discuss with you different possible forms of access.

Disclosure of personal information

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

1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. failure to disclose the information would in the reasonable belief of your psychologist, 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, health provider or third party funder; or
 - c) disclose the information in another way; or
 - d) disclose 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.

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.

In the event that unauthorised access, disclosure or loss of a client's personal information occurs, your psychologist & IKH Psychology will use all reasonable endeavours to minimise any risk of consequential serious harm.

Fees

Private / No referral: \$210 per session. At the conclusion of your session, you can pay via card or an invoice will be issued. If an invoice is issued you will have 7 days to make payment by card, direct bank transfer or BPAY. If your account is not settled, no future sessions will be able to be made.

Mental Health Care Plan: \$210 per session. You will receive a rebate of \$129.55 into your nominated account with Medicare after making payment to IKH Psychology. This equates to being out-of-pocket \$80.45 per session. At the conclusion of your session, you can pay via card or an invoice will be issued. If an invoice is issued you will have 7 days to make payment by card, direct bank transfer or BPAY. If your account is not settled, no future sessions will be able to be made.

Other funding package: Where possible, no out-of-pocket expense will apply if your package covers the standard fee.

Letter/Report or Consultancy to external service: \$210 per hour. i.e. School or workplace.

Medico-Legal: Services are charged as per the APS National Schedule of Recommended Fees which are updated annually. Please talk with your psychologist regarding the relevant fees for your service request. i.e report for legal proceedings.

Cancellation Policy

If, for some reason you need to cancel or postpone your appointment, please give your psychologist at least 24 hours notice, otherwise you or your funding agency will be charged the cost for the session. Unfortunately, cancellations cannot be rebated through Medicare and you will be required to pay the standard fee. No future appointments will be able to be scheduled unless the account has been settled.

APS Charter for Clients of Psychologists

The attached Charter explains your rights as a client of a psychologist.

CONSENT

I, *(print your name)*....., have read and understood this Consent Form. I

agree to the above conditions for the psychological service provided by my psychologist, Dr. Ingrid Hawkins, from IKH Psychology.

I consent for the exchange of verbal and written correspondence to my GP if I am accessing services under a MHCP.

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

For CHILDREN & YOUTH under 18 years of age

Consent Form

I, *(print your name)* , have read and understood this Consent Form.

I agree to the above conditions for the psychological service provided to *(insert Child name)*

..... by psychologist, Dr. Ingrid Hawkins, from IKH Psychology. I consent for the

exchange of verbal and written correspondence about the child’s psychological condition and treatment to their GP if they are

under a MHCP.

Parent or Legal Guardian’s name:

Parent or Legal Guardian’s signature: Date/...../.....

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