

Terms of Service and Consent Form

Please read the following information carefully as it contains important details regarding your rights and responsibilities as a client of Child Psychology Services Pty Ltd (the "Practice"). If you agree to the terms of service and consent to the policies, fees and procedures detailed below, please sign this form and bring it to your first appointment. You do not have to agree to the terms of service or give your consent; however, if you choose not to do so, we will be unable to provide you with services.

1. Nature and Purpose of Service

The purpose of this service is to help children, teenagers and parents with a variety of common emotional, performance, learning and education related challenges. We do not provide any services intended to support legal or court proceedings/applications or any other type of notification or dispute process. Our policy is that such circumstances create an unacceptable compromise of the integrity of our services. If you are currently involved (or if you later become involved) in any such proceedings that have any connection with a person who is receiving services provided by the Practice you must immediately advise your psychologist and we may be unable to provide further services.

2. Personal Information and Privacy

Collection of Personal Information

In order to provide you with professional psychological services your psychologist will request relevant personal information from you. For example, your name, address, phone number and referral details. You are not obligated to provide any personal information requested; however, withholding information may prevent the psychologist from providing you with the services you require.

Privacy, Security and Confidentiality of Personal Information

All personal information is held in secure physical or electronic storage. Administrative information (such as service, billing and contact information) may be stored and accessed by the Practice for any reasonable and lawful purpose (e.g. appointment reminders, financial reporting, customer service, etc.) but will never be shared or disclosed to a third party unless required by law.

The Practice strictly limits the recording of information in its systems to the bare minimum required to facilitate the provision of the service and it does not record, collect, store or have access to any clinical information (for example, session notes). Your psychologist is solely responsible for the safekeeping and storage of any clinical information they record or collect.

Any clinical information recorded or collected by your psychologist will remain completely confidential between you and the psychologist, except where:

1. It is subpoenaed from your psychologist by a court (see Termination section below);
2. Failure of your psychologist to disclose the information would place you or another person at serious and imminent risk;
3. Your prior approval has been obtained by your psychologist to:
 - a. Provide a written report to another professional or agency; e.g. a GP or a school; or
 - b. Discuss the material with another person; e.g. a school counsellor or teacher; or
4. Disclosure by your psychologist is otherwise required or authorised by law.

Client Access

You are entitled to access your personal information at any time unless this is prohibited by law. Your psychologist will advise you of appropriate means of accessing information, should you require it.

Privacy Legislation

Psychological services are bound by the legal requirements of the National Privacy Principles as set out in the Privacy Amendment (Private Sector) Act 2000. Upon request, you can obtain a copy of these principles, which describe your rights and how your information should be handled. If you have any concerns regarding the collection or storage of your personal information please inform the psychologist. If you wish to lodge a formal complaint about the use of your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992, or GPO Box 5218, Sydney, NSW 1042.

3. APS Charter for Clients of Psychologists

Before people can work as psychologists they must be registered with the Psychology Board of Australia. Your psychologist is also a full member of the Australian Psychological Society (APS), which is the largest professional association of psychologists in Australia, with a comprehensive Code of Ethics and complementary series of Ethical Guidelines. As a client of an APS psychologist, 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 will be sought by the psychologist prior to the service commencing and as it progresses;
- You will receive an explanation about the nature and limits of confidentiality surrounding the service;
- You will be clear about the goals that you and the psychologist are working toward;
- You will receive competent and professional service;
- You will receive a clear statement about fees;
- An estimate of the number of sessions required to achieve your goals will be discussed;
- You will receive a service free from sexual harassment;
- You will be shown respect for your cultural background and language tradition;

If you have any concerns about the above matters, please discuss them with your psychologist. If you have concerns about the conduct of your psychologist, you may call either the Psychology Board of Australia on 1300 419 495, or the Australian Psychological Society on (03) 8662 3300.

4. Fees and Payments

Fees and Rebates

Fees are billed per consultation based on professional time allocated. Report preparation fees vary depending on the services being provided and will be quoted separately. Medicare rebates are available if you are referred by your doctor, otherwise private health fund rebates may be applicable. Medicare rebates and most private health rebates can be claimed at our office via our HICAPS EFTPOS terminal.

Please visit the "Fees and Rebates" page on our website for further information on current fees and rebates: www.melbchildpsych.com.au/fees/

Payment Methods

We accept payment by VISA, Mastercard, AMEX, EFTPOS or cash. **We do not accept cheques under any**

circumstances.

Account/Credit Policy

Payment in full for services rendered is required at the time of each consultation.

5. Cancellation Policy

Occasionally there are good reasons for cancellations. However, unlike brief medical appointments, it is nearly impossible to fill a 50+ minute session with short notice. Furthermore, we also dedicate significant time and care to session planning and preparation and there are substantial overhead costs associated with providing you with these services. For these reasons, we require all clients to agree to the following notice periods and cancellation fees in order to use our service:

- For all appointments longer than 30 minutes we require at least SEVEN (7) DAYS notice of cancellation (except in the case of an illness or family emergency - such as an illness, accident or death in the family).
- If you do not provide seven (7) days notice to cancel an appointment (and the cancellation is not due to an illness or family emergency) a cancellation fee will apply as follows:
 - 0-1 business days notice: Full consultation fee
 - 1-2 business days notice: 50% of consultation fee
 - More than 2 business days and less than 7 days notice: 25% of consultation fee
- If you provide less than FOURTEEN (14) DAYS notice of cancellation of an assessment service you will be charged a cancellation fee equal to the deposit amount.

We hope you find this to be a fair and reasonable policy and we thank you in advance for your understanding and cooperation.

6. Restriction or Termination of Services

If any of the following occur we may at our discretion cease providing you with services or restrict the session times available to you:

- If you do not give sufficient notice of cancellation (illness and family emergencies excepted);
- If you do not promptly pay any fees incurred under these terms of service;

In addition, if any of the following occur we will immediately cease providing you with services:

- If we become aware at any time that you are using our services to support any legal or court proceedings/applications without our express written consent;
- If your psychologist and/or the Practice (and/or its directors) receives any legal subpoena or summons initiated by you or your legal representatives;
- If you or your legal representatives attempt to involve your psychologist and/or the Practice (and/or its directors) in any court or legal proceedings/applications or in any formal notification or dispute process without our express written consent.

7. Authority to Debit a Credit Card or Withhold a Deposit

By signing this form you are providing your authority to charge your valid credit card or withhold part or all of your deposit in the event of any cancellation fees being incurred under our cancellation policy. We will only charge your card or withhold your deposit if you incur a cancellation fee under the terms of the cancellation policy (or, with your prior approval, for any other amount payable).

You must make sure there are sufficient clear funds/credit available in your account to allow a debit payment to be made in accordance with our arrangement. If there are insufficient clear funds/credit available you may be charged a fee by your financial institution and you will need to promptly arrange for the payment to be made by another method, or for sufficient clear funds/credit to be made available in your account by an agreed time so we can process the payment.

If you believe your account has been debited incorrectly you should contact us immediately. If we find that your account has been incorrectly debited we will issue a credit card refund accordingly. We will confirm the amount of the refund in writing. If we find your account has not been incorrectly debited we will provide you with reasons and evidence in writing.

8. Consent to Disclose Information to a Third Party

If you also give consent for us to disclose confidential information (e.g. assessment results or counselling issues) to any authorised representatives of a school or another third party (e.g. the Victorian Department of Education or the Catholic Education Office) please provide details below.

School / organisation / department:

Name(s) of authorised representatives:

What specific information may we disclose to the above person(s)?

9. Client Agreement and Consent

Please print your name and sign below to indicate that you have understood and agree to these terms of service.

I, (PRINT FULL NAME) _____, understand and agree to the above terms of service, policies, fees and procedures in full and acknowledge that my agreement is a fair and reasonable condition of the provision of services for myself and/or my child.

Signed: _____ **Date:** ____ / ____ / ____

On behalf of:

(Print names of any children who are to receive services in BLOCK CAPITALS)