

AAG CLINICAL PSYCHOLOGY PRACTICE**Psychology Intake Form and Service Agreement for Adults**

Name:		Handedness:	L / R
DOB:		Age:	
Ethnicity:		Gender:	M / F
Address:			
Contact Number(s):			
Confidential Email:			
Next of Kin (Name / Contact Details):			
Work type / Role			

Referred by (e.g. GP / Specialist name):		Provider Number:	
GP's Phone Number:		Date of Referral:	
Medical Centre Name:			
Insurance company name (if applicable):			
How did you find out about our service?			
Have you ever seen a Psychologist before?	Y / N		
If yes, was it for the same issue that concerns you today?	Y / N		
If you have a current Mental Health Care Plan and are eligible to receive a Medicare Rebate for your sessions, please fill in your details below so we can arrange for this on your behalf:			
Medicare Card Number & Reference:	_____ (_)	Expiry:	__ / ____
Bank Account Name:			
BSB:			
Account Number:			
Number of Medicare Rebates you have received this year for Psychology:			

Client Signature: _____ Date: _____

AAG CLINICAL PSYCHOLOGY PRACTICE

Terms of Service and Consent for Psychological Assessment and Therapy

Welcome to AAG Clinical Psychology Practice. Please find below our terms of service which cover your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees, cancellations and rebates.

Personal Information:

As part of providing a psychological service to you, your Psychologist will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted. You do not need to give all your personal information, but if you don't, this may mean we may be limited in the service we can provide for you.

All information obtained during your treatment is kept confidential and secure, except when:

- (1) It is subpoenaed by a court;
- (2) Failure to disclose the information would place you or another person at risk of harm; or
- (3) Your prior approval has been obtained to:
 - (a) provide a written report to another professional or agency—e.g. to a lawyer; or
 - (b) Discuss the material with another person—e.g. a parent or employer.

If you claim rebates from funding bodies, doctors and health practitioners may be required to provide summary reports to referring doctors, specialists and/or agencies regarding your progress. Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to as a client of this practice.

Information Security and Access:

In the course of your treatment, personal information about you is collected to enable your treatment. All notes taken in the course of your treatment and all communications relating to your treatment become a part of your clinical records.

Clinical records are stored electronically in GoodNotes, your client file on Halaxy as well as on our central backup on DropBox, which you (or your nominated representative) consent to as a client of this practice. You have a general right to access the client records (subject to some exceptions which mainly relate to privacy, health, child consent or legal considerations) and a request must be made in writing. You have a right to amend your records and personal information if incorrect. We are required to keep client personal information for 7 years after ceasing engagement with your treating psychologist.

Confirming Appointments:

We endeavour to confirm appointments via SMS or email. However, it remains your responsibility to be aware of the scheduled appointments.

Time and Punctuality:

A consultation will usually last 50-60 minutes. If you are late, the consultation will usually still finish at the scheduled time, to be fair to your treating psychologist and the clients with appointments after yours.

Cancellation Policy:

We ask that you kindly give us as at least 48 hrs notice via email or telephone for appointment cancellations and reschedules. Short-notice cancellations (less than 24 hours notice) and No-Shows will result in a cancellation fee of 100% charged. This fee is not claimable through Medicare or your private health fund. This amount will be automatically debited from your nominated debit/credit card stored on Halaxy or an invoice will be sent via post/email if this has not been provided. In the unlikely event that this fee is not paid, we reserve the right to utilise a debit collection service to recoup the funds.

Service/Consult Fees:

Fees are payable at the time of your appointment. Payments accepted include cash, or automatic debit of funds via Halaxy using the debit/credit card you provided. Workcover clients please provide your referral so we can claim consult fees. Please note, if Workcover or third party provider informs us you are not covered you will personally liable for fees.

The cost of a one-hour consultation with _____ is \$_____.

Halaxy Payment Processing Fees:

As a client of this practice you consent to paying any Halaxy payment processing fees applicable to your service/consult.

Automatic Payments:

This practice now gives you the option to use Auto Payments via Halaxy to pay your appointment fees. Similar to a direct debit, your fee payments are processed automatically at the time of your appointment from the nominated credit/debit card provided by you and stored electronically on Halaxy. When payment is processed you can opt to receive a confirmation email, in addition to the invoice from your practitioner.

Online Medicare Rebates Claiming:

This practice allows you to claim Medicare rebates instantaneously using online Medicare claiming. This means that you do not have to go to the trouble of taking your invoice to a Medicare office or lodging it via the App to claim rebates. Instead, your health practitioner electronically submits the claim to Medicare in one click using Halaxy, and Medicare pays the rebate into your bank account (or your practitioner's bank account if it is a bulk bill or 'gap' claim).

Complaints:

You can make a complaint to any of our staff members in person, phone, and email or in writing. A copy of our complaints procedure can be given on request. If you are not satisfied with the outcome you can lodge a complaint with the relevant governing body: AHPRA, APS, or NDIS Complaints Commissioner.

By signing this form, I declare that the information is true and correct. I acknowledge that I have read and understood the terms and conditions. I authorise Halaxy Pty Ltd ACN: 633 220 612 to store my debit/credit card and debit payments from my nominated debit/credit card stored on Halaxy when I have/cancel an appointment or are provided with a service from AAG Clinical Psychology Practice. I acknowledge Halaxy and AAG Clinical Psychology will appear on my bank statement. I understand that Halaxy Pty Ltd Terms and Conditions can be found on their website or I can request a copy from the Practice Manager. I understand I am personally liable for fees if Workcover or other third party funders do not cover the service I use.

I, (print name) _____ have read and understood the above Terms of Service and Consent Form. I agree to these conditions for the psychological service provided by AAG Clinical Psychology Practice.

Client Signature _____ Date _____

AAG CLINICAL PSYCHOLOGY PRACTICE**Consent Form - Release of Information**

I, (print name) _____ (DOB: _____), give my consent for AAG Clinical Psychology Practice to release personal information and engage in professional correspondence regarding myself with persons indicated below, where it is judged relevant for professional, clinical involvement and when necessary for informed clinical judgement.

I also give consent for my Psychologist to have access to official records and information regarding myself.

I give consent for all my information to be used by the clinicians directly involved in my treatment, and to be safely stored and owned by the AAG Clinical Psychology Practice.

Limitations (if any): _____

Medical Practitioner Name:	
Contact Details:	
Legal Officer:	
Contact Details:	
Other Relevant Person (e.g. Psychiatrist):	
Contact Details:	

This written consent is valid only while my Psychologist is professionally involved with myself, for direct clinical consultations or case management activities, for which my verbal agreement and voluntary participation are expressed, where that period of time extends up to, but not exceeding, twelve months from the date indicated below. I understand I may withdraw my consent in writing at any time.

Signature _____ Date _____

Witness _____ Date _____

NB. If after reading this page you are at all unsure of what is written, please discuss it with your Psychologist.

AAG CLINICAL PSYCHOLOGY PRACTICE

Consent Form - Request for Information

I, (print name) _____ (DOB: _____), give my consent for AAG Clinical Psychology Practice to request and receive personal information and engage in professional correspondence regarding myself with the persons indicated below.

I give consent to for AAG Clinical Psychology Practice to have access to official records, notes, and all other related documents regarding myself.

I request that the following health practitioner urgently releases all documents and notes that they have obtained in regards to and during my treatment, to assure the continuity of my care with AAG Clinical Psychology Practice.

Health / Medical Practitioner:	
Contact Details:	
Legal Officer:	
Contact Details:	
Other Relevant Person:	
Contact Details:	

This written consent is valid only while my Psychologist is professionally involved with myself for direct clinical consultations or case management activities, for which my verbal agreement and voluntary participation are expressed, where that period of time extends up to, but not exceeding, twelve months from the date indicated below.

Signature _____ Date _____

Witness _____ Date _____