

## Christine Foley

Registered Psychologist

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Medicare Provider No. 427167

Psychology Board of Australia No.PSY0000975745

Australian Association of Psychologists Member

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## INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES

### Nature and purpose of the Psychological Service

As part of providing a psychological service including assessments and counselling to you, Christine Foley will need to collect and record personal information pertaining to you. This information is a necessary part of the psychological assessment and treatment that is conducted.

Psychotherapy varies depending on the personalities of the psychologist and customer, and the particular challenges of your presenting concerns, you bring forward. There are many different methods I may use to assist you with the challenges that you hope to address. Psychotherapy calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and possibly at home.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and a treatment plan to follow. If you have questions about my procedures, we should discuss them whenever they arise. You are able to cease therapy with myself at any time. If you feel uncomfortable with what is happening in a session you may request for the session to cease at any time.

### Access to your information

As part of providing psychological services, relevant personal information to the current situation will be collected and recorded. The information will assist in providing an appropriate and thorough service. Information will be stored in a secure location. I am required to keep your file for a minimum of 7 years, or if you are under the age of 18 at the time of treatment, until you are 25 years of age. You may access the information in your file on request, subject to the exceptions in the National Privacy Principles.

### Confidentiality and Privacy

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

1. it is subpoenaed by a court, or disclosure is required or authorised by law; or
2. failure to disclose the information would place you or another person at risk of harm; or
3. given your prior approval, or consent of a parent or guardian who is legally authorised to act on your behalf in order to provide a written report to another professional or agency, or discuss information with another person e.g., parent or employer; or
4. you would reasonably expect your personal information to be disclosed to another professional or agency and disclosure is directly related to the primary purpose for which it was collected such as to inform your GP of treatment and progress; or
5. clinical consultation with another professional is required to provide better clinical services (identifying details will remain confidential).

### Private Health Insurance

Some health insurance policies cover counselling depending on the policy. Please check with your insurance company as to what cover you are eligible.

### Medicare Rebates

Under the Medicare Benefits Schedule (Better Access), Medicare rebates are available to clients with an assessed mental disorder. Medicare rebates are accessed with a Mental Health Treatment Plan and referral from a medical practitioner, psychiatrist, or paediatrician. The rebate is limited to 10 sessions per calendar year and only available with a valid referral.

### Cancellation Policy

If for some reason you need to cancel or postpone your appointment, please give at least 24 hours' notice - a (\$110) fee may be charged for all No Shows to an appointment. This no show or late cancellation fee will need to be paid on or before your next visit. Please make every effort to notify the practice if you are unable to attend an appointment - there are often other customers waiting for appointments, and it would be appreciated if they could be given the opportunity to attend. To cancel or rearrange an appointment, please email [admin@charliefoxtrotcocsultancy.com.au](mailto:admin@charliefoxtrotcocsultancy.com.au) as soon as you become aware you are unable to attend your scheduled session time, thank you.

### Emergency

In case of emergency, please go to the emergency department of the nearest hospital. For further information refer to the website for your local health district. For out of hours phone support, you may find it helpful to call **Open Arms on 1800 011 046 (for Veterans and their families)** or Lifeline on **13 11 14**.

### Weapons Licence – consent to share information

I consent to my information being provided in a written report only, to the Queensland Police Service, Weapons Licencing unit, to be used in an assessment of Section 10B – Fit and Proper person – licensees, of the Weapons Act 1990.

### Consent

I, (print name) \_\_\_\_\_ have read and understood the above consent form provided by Christine Foley and have had the opportunity to have any questions I may have about it answered. **I agree with the psychological service provided and the associated fee I am required to pay.**

Signed

Print name \_\_\_\_\_

Date \_\_\_\_\_

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