

Psychological Service Consent Form

Psychological Service

As part of providing a psychological service to you, Sarah Lister 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 have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you.

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client's condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

Access to Client Information

At any stage you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. The psychologist may discuss with you appropriate forms of access.

Confidentiality

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

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; 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, e.g. a parent or employer;

or if disclosure is otherwise required or authorised by law.

Fees

The cost of a 50-minute consultation is \$220, which is payable at the end of the session by cash or card.

Payment Methods

There are three payment options available: cash, EFTPOS, or HealthKit payment processing software.

Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please give me at least 24 hours' notice otherwise you may be charged the cost for the session.

I, *(print name in Block Capitals)*....., have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Sarah Lister.

Signature Date

Please Note: *If, after reading this page you are at all unsure of what is written, please discuss it with the psychologist.*

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