**PSYCHOLOGY ON PARADE**

**CLIENT AGREEMENT AND PSYCHOLOGICAL SERVICES CONTRACT**

Welcome to our practice. This document contains important information about our professional services and practice policies. Psychological therapy involves a commitment of time, money and energy that can have benefits and risks. This document will advise you of some of the benefits and risks. When you sign this document, it will represent an agreement between us.

Our psychologists specialise in clinical or counselling psychology. Successful psychology treatment is about establishing a trusting relationship with the psychologist. Our psychologists will utilise evidence based treatments and will also regularly elicit feedback from you that the therapy is on track with the goals or issues that brought you to our practice. Our psychologists will administer psychological tests including tests that measure symptoms (e.g. of depression), health difficulties (e.g. chronic pain), trauma, developmental or cognitive difficulties and personality traits. These tests in concert with clinical observation and their discussions with you assist us in developing a treatment plan that will meet your needs in as time efficient way as possible.

Therapy: The benefits of therapy could lead to better relationships, solutions to specific problems, and significant reduction of distress and symptom reduction. Since therapy involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings from time to time. There are no certainties with regard to what your particular experience will be. Your active participation in the process is essential to reaching your goals.

Confidentiality: The ethical principles that guide the practice of psychology protect the privacy of all communications between a client and a psychologist. All client information is subject to privacy laws.Thus information about your interaction with our psychologists can only be released to others with your written consent.

However, there are a few exceptions. In legal proceedings files can be subpoenaed for the purpose of a court case. There are also situations where the psychologist has a legal obligation to take action to protect others from harm, even if information about your treatment is revealed. Likewise if a client threatens to inflict self-harm, we have a duty of care to assess risk and if necessary notify next of kin or other parties.

If a client is under eighteen years of age, the minor’s parents have a right to information about the services rendered. It is our policy to provide parents with general information about the work with adolescents, unless there is a high risk that the minor will seriously harm him/herself or someone else. These matters are negotiated on a case-by-case basis dependent on the minor’s age, family circumstances and risk management. We are also subject to laws regarding mandated reporting.

Reporting is required by Medicare for the consulting psychologist to write to the GP regularly and clients have to attend their GP for reviews so as to maintain the GP approval for psychological therapy. The signing of a mental health care plan with your GP indicates that you are giving informed consent for your psychologist to correspond with your GP regarding treatment. Written reports to other parties will require your written consent.

Supervision and consultation: It is standard practice in the psychology profession that practitioners discuss the progress of their clients with a senior psychologist. Here at Psychology On Parade, every psychologist meets regularly with the principal of the practice to discuss their clients and to obtain advice and guidance as part of quality assurance and continuing professional development.

Appointments: Once an appointment is scheduled, you are responsible for payment of a cancellation fee unless twenty-four (24) hours of advance notice of cancellation is given. If you are unable to attend due to a sudden illness or crisis, there is discretion regarding the cancellation fee. If you are being bulk billed or the fee is being paid by a third party, we require a cancellation fee to be paid by the individual client. This shows respect to the other clients who could have used that appointment slot if we had known that you were not able to attend. Your punctuality to sessions is appreciated and please note that if you are late, the psychologist may not be able to extend your session.

Fee Schedule and Billing: Therapy sessions and psychological testing are billed at an hourly rate (55 minute hour). The fee for all sessions is due in full at the time that services are rendered.

 Psychological testing and report writing is an out of pocket expense and is usually negotiated with clients prior to the service being provided. We can provide you with an itemized invoice of services and payments made that can be submitted other bodies for reimbursement.

Consent for Treatment and Payment:

I have read a copy of the fee agreement and fee schedule and fully understand the expectations for payment.

I consent to receive psychological services for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from

 (Patient’s name)

Psychology On Parade. I have read and understand the Fee Agreement and Psychological Services Contract.

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Client/Guardian Signature Date

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Psychologist Signature Date

# *Authority to Obtain & Release Information*

# *(Only to be completed if you’d like your psychologist to obtain from/or share information with another specialist/relative/psychologist etc.)*

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| *I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorise Psychology On Parade to obtain relevant information from and release relevant information to the following in relation to my condition, history and treatment.**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signed:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***Dated:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |