

Client Information and Consent Form

As a client of Calm Consultants you have the right to expect that you will be treated with respect in all of your dealings with us and that you will receive a professional and competent psychological service.

Session Information

Calm Consultants psychology appointments are approximately 50 minutes long and attract a fee for service. The full fee for psychological service varies, please speak to our friendly reception staff for further details. Your fee is required to be paid in full when you arrive for your appointment by EFTPOS, Credit Card, Cash or a pre-approved third party invoice.

Cancellation Policy

Calm Consultants requires 48 business hours' notice for the cancellation of an appointment. This courtesy allows us to offer a vacated appointment to another client. The cancellation of an appointment within a 24-hour period may incur a fee except in the case of extenuating circumstances. Should you fail to attend for your appointment and are uncontactable by phone, we are required to inform the referring agency.

Client Information

All the personal information that is gathered from you as part of your assessment, diagnosis and treatment is considered confidential and stored electronically and/or in a hard copy in a secure location. Your treating psychologist, the principal psychologist of Calm Consultants and our administrative team have access to this information.

It is a legal requirement for client information to be stored for a minimum of 7 years for clients aged 18 and over before being confidentially destroyed. Information gathered from clients under the age of 18 will be retained until that individual reaches age 25.

Confidentiality

All of your personal information including that which is disclosed during counselling is considered confidential and your treating psychologist will not disclose this information except in the following circumstances:

- Client information is subpoenaed under the law, or
- There is a significant concern for the safety of yourself or others, or
- The law requires or authorises a disclosure of personal information, or
- In the course of supervision/professional training, or
- Your prior verbal or written consent has been obtained specifying what information can be disclosed and to whom.

If it becomes necessary to disclose information, your treating psychologist will discuss this with you.

I hereby consent to release information about my psychological assessment, diagnosis and treatment to *(please select any of the following)*:

- ☐ My treating GP
- ☐ My treating psychiatrist
- ☐ My WorkCover insurance agency
- ☐ My workplace rehabilitation provider
- ☐ Other *(please specify)* _____

I have read and agree to the terms and conditions of psychological services outlined above. I understand that I may speak with my treating psychologist or the principal psychologist at Calm Consultants regarding any questions or concerns that I have.

Name: _____

Signature: _____

On behalf of *(if applicable)*:

Name: _____

As *(please tick one)*: ☐ Biological Parent of child < 16 ☐ Legal Guardian

Date: ____ / ____ / ____