



## Client Consent Form - Online Sessions

### Psychological service

As part of providing a psychological service of assessment, diagnosis and treatment to you, Birch Psychology needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

### Purpose of collecting and holding information

Your personal information is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary). Your personal information is retained in order to document what happens during sessions and enables the psychologist to provide a relevant and informed psychological service to you. A more detailed description is provided in the practice's "Privacy policy for management of personal information", which can be obtained by contacting Birch Psychology on (03) 8592 1954. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

### Consequence of not providing personal information

If you do not wish for your personal information to be collected in a way anticipated by this letter or the Privacy Policy, Birch Psychology may not be in a position to provide the psychological service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for Birch Psychology to deal with you or if Birch Psychology is required or authorised by law to deal with identified individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym, however if Birch Psychology agrees to you being anonymous or using a pseudonym, you must pay consultation fees at the time of the appointment.

### Access to client information

At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you different possible forms of access.

### Disclosure of personal information

All personal information gathered by the psychologist during the provision of psychological service will not be disclosed except when:

1. It is subpoenaed by the court; or
2. Failure to disclose the information would in the reasonable belief of Birch Psychology place you or another person at serious risk to life, health or safety; 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, employer, or health provider; or
  - c. Disclose the information in another way; or
4. You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third

party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or

5. Disclosure is otherwise required or authorised by law.

Your personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

### **Fees**

The cost of a consultation, usually 50 minutes, is \$190, which is payable at the end of the session by Credit Card. There is a \$30 surcharge for appointments outside business hours (commencing before 9am, from 5pm, or weekends).

### **Cancellation Policy**

If, for some reason you need to cancel or postpone your appointment, please give Birch Psychology at least 24 hours notice, otherwise you will be charged the cost for the session.

### **Online Sessions**

Under certain circumstances, and after discussion with your psychologist, sessions may be provided on an online platform (e.g. Zoom, Vectera) for clients aged 18 and older. Medicare does provide a rebate for sessions conducted in this format. Birch Psychology cannot guarantee against unforeseen confidentiality breaches arising out of any interceptions of online communication, however strongly recommends conducting sessions on Zoom or Vectera. Online sessions will not be recorded, with record keeping for the session taking place in the same manner as in-person sessions (e.g. written file notes).

Online sessions will only take place if your psychologist determines that there are no current risk issues. Prior to the session commencing, your psychologist will require the **address of your location during the session**, in addition to a mobile number and landline number for this location. Your psychologist will also require the **name and contact details of an emergency contact person**. This person may be contacted by Birch Psychology prior to the session to ensure their availability. Should your psychologist have any concerns for your safety arising out of a session taking place in this format, then the nominated person and emergency services will be contacted, and your GP notified.

I, \_\_\_\_\_ have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Birch Psychology. I agree to information relevant to this psychological service being provided to my

GP: Dr. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If, after reading this form you are at all unclear about any of the information provided, please contact the psychologist prior to your appointment.**

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### **For clients under 16:**

I, \_\_\_\_\_ (*print parent name*), have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Birch Psychology to be provided to my child (*print child's name*)

I agree to information relevant to this psychological service being provided to my child's GP, as necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_