

TITLE (Mr/Mrs/Etc) ..... PRONOUN PREFERENCE (if applicable) .....

FIRST NAME ..... LAST NAME .....

PREFERRED NAME: .....

ADDRESS .....SUBURB:.....

DATE OF BIRTH..... **\*(If <18 years of age, Parent/Guardian to sign and complete details below)**

PHONE (HOME).....PHONE (WK).....PHONE (MOB).....

EMAIL.....OCCUPATION.....

MEDICARE NUMBER.....NUMBER ON CARD.....EXPIRY.....

Dept. Veterans' Affairs Number.....TYPE.....EXPIRY.....

PENSION / HEALTH CARE CARD Number..... EXPIRY.....

PRIVATE HEALTH COVER? Y / N FUND NAME..... MEMBERSHIP NO.....

EMERGENCY CONTACT NAME:.....PH:.....RELATIONSHIP.....

\*(PARENT / GUARDIAN) NAME (Mr / Mrs / Miss / Ms / Dr) .....
DATE OF BIRTH..... PH..... MOBILE.....
ADDRESS.....
MEDICARE NUMBER.....NUMBER ON CARD.....EXPIRY.....

HOW DID YOU HEAR ABOUT CLEAR HEALTH PSYCHOLOGY? Family / Friend / Health Engine / Online / EAP / Dr Referral / Other.....

Please be advised that we may use your personal information to keep you informed about relevant services, Clear Health Psychology Practice updates and newsletters. If you would not like to receive, please tick here. [ ]

Acceptance - I/we have spoken to Clear Health Psychology and understand the relating information on assessment procedures, fees and confidentiality as outlined on the reverse page. I/we have received a copy of Clear Health Psychology's Payment and Cancellation Policy and am aware that I/we will incur the cost of legal fees incurred by Clear Health Psychology to recover money outstanding from cancellation fees or other services provided by Clear Health Psychology to myself. I/we agree to these conditions of service provided by Clear Health Psychology.

CLIENT NAME .....

SIGNED..... DATE: .....

\*(if under 18 years of age) PARENT / GUARDIAN .....
SIGNED..... DATE: .....

**CLEAR HEALTH PSYCHOLOGY POLICIES:****Confidentiality and Policies for Management of Personal Documents**

We need to collect and record personal information from you so that we can provide accurate assessment and treatment at Clear Health Psychology. You may access the material recorded in your file by forwarding your request to your clinician (except those cases listed in *National Privacy Principle 6*). The content can be discussed with your clinician or a copy provided (a processing fee and normal consultation fee may apply). All information is strictly confidential and will only be viewed by clinical and relevant personnel (clerical) who are bound by the legal requirements of the *National Privacy Principles* from the *Privacy Amendment (Private Sector Act 2000)*. All personal information gathered by Clear Health Psychology will remain confidential and secure except when:

- Subpoenaed by a court or other bodies with similar powers; or
- Failure to disclose information would place you or another person at risk; or
- Your **prior approval** has been obtained to:
  - a) Provide a written report to another professional (e.g. Lawyer)
  - b) Discuss the material with another person (e.g. Parent or Employer)

Please note, if you have been referred by your GP, or another third party (e.g. Insurance, EAP), we may liaise with them and advise with a few brief comments or provide a report on request. Clear Health Psychology work as a team to ensure the best treatment outcomes for their clients. As such, should you opt to transfer to another CHP psychologist during the course of your therapy, your information may also be transferred along with a handover. If you have any concerns, please discuss these with your psychologist. For further information about the National Privacy Principles, go to [www.privacy.gov.au](http://www.privacy.gov.au).

**Clear Health Psychology Fees**

Payments are due on day of consultation.

Psychology fee - \$195 to \$230 for Individuals; \$215 to \$250 for Couples and \$260 to \$270 for Families.

Clinical Psychology fee - \$245 to \$350 for Individuals; \$280 to \$300 for Couples and \$300 to \$320 for Families.

Principal Clinical Psychology fee - \$370 for Individuals.

**Cancellation Policy**

To ensure that Clear Health Psychology provides the highest quality of care to our clients, please provide at least 24-hour notice if you are unable to attend your scheduled appointment. Otherwise, a late cancellation/ non-attendance fee of 50% of the consultation fee will be incurred. This fee must be paid in full within seven (7) days, prior to the commencement of your next session at Clear Health Psychology.

Your cancellation notice would be much appreciated, as this can enable us to provide services to other clients who may be in need of an urgent appointment. Please note, cancellation fees are unable to be rebated under Mental Health Care Plans, Bulk Billing, Workers' Compensation, Employee Assistance Program, and Insurance Claims. If you are accessing services under EAP / Workers' Compensation / Insurance, a late cancellation or non-attendance will qualify as one of your allocated sessions.