

CONSENT FORM | VIRTUS PSYCHOLOGY

I understand that:

1. I am engaging the services of a psychologist for the purpose of psychological therapy. My psychologist will provide information to me and discuss personal matters with me. Some elements of psychological therapy may be uncomfortable, such as discussing strong emotions, unpleasant experiences, and/or practicing or developing interpersonal or intrapersonal skills.
2. I may indicate at any time that I do not wish to proceed with a particular topic of discussion or therapeutic intervention, without withdrawing my consent to psychological therapy.
3. My psychologist will gather and record personal and confidential information about me for the purpose of providing and assessing the efficacy of psychological therapy. My psychologist will take all reasonable steps to ensure that no other parties have access to records including client information, currently this involves storing information on the Halaxy database using secure encryption.
4. If my psychologist is legally obligated to provide other parties with confidential client information, such as in a legal dispute or prosecution, my psychologist will provide only this information, and will strive to maintain the confidentiality of information unrelated to the legal obligation.
5. If my psychologist reasonably believes there is an immediate and specific risk of harm to myself or another person, and that harm can only be avoided by disclosing confidential information, my psychologist will disclose only this information, and will strive to maintain the confidentiality of information unrelated to this risk.
6. In the interest of providing high quality psychological therapy, my psychologist may disclose de-identified/anonymised information about me to supervisors or peers for the sole purpose of improving treatment. I may consent to additional information about me being released to other parties if I wish to
7. I can optionally consent to sessions being recorded, either audio only or audio-visual, for discussion with my psychologist's supervisor and for the sole purpose of improving my psychologist's skills in administering psychological therapy
8. Each session with my psychologist will last for 50 minutes. Sessions will occur at a frequency agreed upon by myself and my psychologist, subject to my preferences and the availabilities of each party, typically one session every one or two weeks.
9. The cost of each session with my psychologist is \$260. My psychologist will process my Medicare rebate, if I possess a Mental Health Care plan and am eligible for a rebate. The Medicare rebate will not be received immediately but should be received within a few days. I will contact my psychologist if the Medicare rebate is not received within a few days, and my psychologist will follow the matter up with Medicare.
10. When cancelling a booked session with less than 24 hours' notice, the full session fee will be charged. When cancelling a booked session with 24 to 48 hours' notice, 50% of the session fee will be charged. When cancelling a booked session with between 48 hours' and 7 days' notice, 25% of the session fee will be charged. These fees will not be eligible for a Medicare rebate.
11. My psychologist is a separate business and legal entity from Capital Clinical Psychology.
12. I may withdraw my consent to all these items at any time, after which therapy will cease.
13. I have read and understood all the items above and have discussed and resolved any questions I have with my psychologist.

Client name:

Client signature:

Psychologist name:

Psychologist signature:

Date:

☐ I consent to sessions being recorded (audio only) ☐ I consent to sessions being recorded (audio-visual)