



## Consent Form

### **Psychological Service**

As part of providing a psychological service to you and your child, Renee Muller will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

### **Purpose of collecting and holding information**

The information is gathered as part of the assessment, diagnosis and treatment of the client's condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

### **Access to Client Information**

At any stage you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. The psychologist may discuss with you appropriate forms of access.

### **Confidentiality**

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to
  - a) provide a written report to another professional or agency. eg. a GP or a lawyer; or
  - b) discuss the material with another person, eg. a parent or employer;

or if disclosure is otherwise required or authorised by law.

### **Fees**

The cost of a one hour initial consultation is \$230, and subsequent consultation is \$190, which is payable at the end of the session **by cash or cheque**. This cost is not inclusive of any administrative costs associated with the Helping Children with Autism Package. Please see fee schedule for further information.

### **Cancellation Policy**

If you need to cancel or postpone the psychology appointment please give as much notice as possible, otherwise you may be charged part of or the full cost for the session. Every effort will be made to reschedule your

appointment in the event of illness. Please see fee schedule for further information around the cancellation policy.

**Charter for Clients of Psychologists**

The attached Charter explains your rights as a client of a psychologist.

I, (*print name in Block Capitals*)....., have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Renee Muller.

Signature ..... Date .....

**Please Note:** *If, after reading this page you are at all unsure of what is written, please discuss it with the psychologist.*