**Consent form:** As part of providing a psychological service, assessment and treatment, we need 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. All of this is kept securely and, in the interests of your privacy, used only by your psychologist.

**Limits to confidentiality** All personal information gathered will remain confidential except when: 1. It is subpoenaed by a court; or 2. Failure to disclose the information would 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 or the GP. 4. When consulting with colleagues, or in the course of supervision, your psychologist will be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the APS Code of Ethics.

**Consultation Fees** Under the current Medicare rebate scheme, clients are currently eligible to receive a rebate for up to 10 sessions of 126.50 for the fees charged under a MHCP per calendar year. The number of sessions you are eligible for is determined by your referring practitioner.

Clients wishing to utilise the Medicare rebate need to have a MHCP and be referred by a GP or Psychiatrist. Alternatively, if you have private health insurance you may be able to access a rebate through your fund. Please check with your private health fund to confirm any rebates available to you. You are not able to claim both a Medicare rebate and a private health fund rebate for the same session.

Payment is required at the end of your consultation, and may be made using EFTPOS or credit card, as well as by cash or cheque. A HICAPS merchant facility is available to allow clients to claim their Medicare or Private Health Fund rebate at the time of payment. If your fees are being paid by a third-party, you will be asked to provide details and verification at your first session.

**Cancellation Policy**: Please give at least 48 hour notice if you are unable to attend your scheduled appointment. Otherwise, you may be charged a late cancellation/ non-attendance fee.

I, , have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Baulkham Hills Psychology.

Client name: Client Signature:

If client is under 18 years of age Parent/ Guardian’s name:

Date: Parent/ Guardian’s signature:

I, , provide consent for the exchange of verbal and written correspondence about my child’s psychological condition and treatment.

Parent/Guardian’sname Parent/ Guardian’s signatureDate: