Consent Form

Psychological service

As part of providing a psychological service to you, David Paul of, Motion Psychology services 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 (David Paul). 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, (David Paul, Motion Psychology Services) 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 (David Paul, Motion Psychology services) to deal with you or if (David Paul, Motion Psychology Services) 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.

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 the psychological service will remain confidential except when:

1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or

2. failure to disclose the information would in the reasonable belief of the (David Paul, Motion Psychology Services) 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, eg. a parent, employer, health provider or third-party funder; or

c) disclose the information in another way; or

d) disclose 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.

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.

In the event that unauthorised access, disclosure or loss of a client's personal information occurs, (David Paul, Motion Psychology Services) will activate its data breach plan and use all reasonable endeavours to minimise any risk of consequential serious harm.

Fees

The cost of a private/ MHTP referral consultation (usually around 50 minutes) is $150, which is payable at the end of the session by (EFTPOS), or third-party payment if applicable.

Cancellation Policy

If, for some reason you need to cancel or postpone your appointment, please give the psychologist at least "48 business day hours" notice, otherwise you may be charged the cost for the session.

I, (print your name in Block Capitals)……, have read and

understood this Consent Form. I agree to the above conditions for the

psychological service provided by (David Paul).

Signature …….…… Date ……./……/……..

Please note: If, after reading this form you are at all unclear about any of the information provided, please contact the psychologist prior to the session