

Level 8/39 Murray Street
Hobart Tasmania 7000
GPO Box 63
Hobart Tasmania 7001
03 6234 3555 (phone)
03 6234 3005 (facsimile)
office@psychologyworks.com.au

Your appointment date is:

Partners

Kerry Merse

*Clinical Psychologist
B.A. Hons, MAPS*

Dr Jennifer Nichols

*Clinical Psychologist
PhD., Clin. Psych., MAPS*

André Declerck

*Clinical Psychologist
B.A., M. Psych., MAPS*

Associates

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*Clinical Psychologist
B.A., M. Psych., MAPS*

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*Clinical Psychologist
B.A. Hons., M. Psych.,
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*Clinical Psychologist
D.Psych., MAPS*

Nicholas Rooke

*Psychologist
B.Sc(Hons), MAPS*

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*Clinical Psychologist
M. Psych, MAPS*

Meg Baron

*(Mawgoshia-Annia)
Psychologist
B.A., M. Psych, MAPS*

Murray Kirkwood

*Psychologist
B.Sc(Hons), M. Psych, MAPS*

INFORMATION FOR CLIENTS

We provide the following information to help you understand the therapeutic process. Your Psychologist will be happy to help you understand any information that is unclear, or answer any questions you may have about your future assessment, diagnosis, treatment or charges. You should know the following information before you begin treatment.

1. Psychological Therapy

Psychological therapy can help with a wide range of problems and disorders. We are committed to providing comprehensive assessment and treatment in order to achieve an individual's desired outcome. Following assessment, your treating psychologist will discuss a treatment plan with you.

2. Fees for Psychological Services

The Australian Psychological Society's (APS) Recommended fee for a 50 minute consultation in \$241. We ask for payment at the time of consultation at which time the fee will be discounted to \$175.00. EFTPOS facilities are available. **Office hours are 9am – 4.45pm.**

Outstanding Accounts

Should it become necessary, after all reasonable efforts have been made, we will place the outstanding account in the hands of a debt collection agency which will render you liable for payment for any associated costs incurred by that agency.

In the case of a claim/law suit, should the claim be declined, you, as the individual receiving the treatment, will become responsible for all costs relating to such treatment and accordingly we ask you to complete the enclosed authority.

Any further concession or special circumstances (e.g. Health Care Card holders, Pensioners) may be discussed with your treating psychologist. Any additional consultation time over the scheduled consultation is billed at the appropriate rate.

Financial Difficulties

If you have problems with payment, please feel at liberty to discuss this with us promptly since we may be able to offer an extended payment plan to assist you.

Missed Consultations

If you are unable to attend your appointment please call or leave a message (not email) at least **24 hours** before your appointment as this will allow us to offer the

appointment to a client from our waiting list. While extraordinary circumstances will be given consideration, failure to provide sufficient notice may result in your being charged the full hourly consultation rate for the missed appointment. This fee is not recoverable from Medicare or your private health fund.

Health Fund Rebates

The majority of health funds provide rebates on psychological services. Please contact your fund to check your eligibility and the level of cover to which you are entitled. You are unable to use your medical fund rebate to cover the gap on a service provided under Medicare.

3. Confidentiality

- 4.1 Information you reveal in our sessions will be in strict confidence and generally will not be revealed to others without your written permission. However, there are legal limits to this confidentiality. Your file will be stored for 7 years from your last appointment and then shredded, unless you advise us differently.

4. Limits of Confidentiality

There is certain information that we are required, by law, to reveal to the appropriate authorities, with or without your permission. If this is of concern, please discuss these limits of confidentiality with your treating psychologist. Situations may include:

- 4.2 Where **Child Abuse** (physical, sexual or neglect) is occurring, the psychologist is required to report this to the Child Protection Agency.
- 4.3 Disclosure of confidential information may be necessary to lessen or prevent serious threat to health or safety of yourself or others.
- 4.4 If you are under a **Court Order** the results of your therapy must be reported to the court.
- 4.5 Where a patient file is **subpoenaed** by a duly constituted **Court of Law**, psychologists are bound by law to provide the file to the court.
- 4.6 If your psychologist is called by the court to give **expert testimony** in court, information you have shared with them may become admissible within the court.

5. Referral letters from your doctor

You should forward this letter to us as soon as possible prior to your appointment. Alternatively, you should check that your doctor has sent the referral to us.

We look forward to seeing you on your appointed date. If you have any further queries prior to initial consultation, please do not hesitate to contact us for clarification.

Please note our office is open Monday-Friday from 9am to 4.45pm. If you ring outside these hours you can leave a message.

**For Out Of Hours Crisis Assistance Please Call
Mental Health Helpline 1800 332 388 or Lifeline 13 11 14.**

Information for Clients Referred under a Mental Health Care Plan (MHCP)

Medicare Rebates

Medicare may partly cover up to 10 psychology sessions in a calendar year, depending on need and progress as assessed by your referring doctor. You can claim a Medicare Rebate for part of your accounts *only* if your GP, Psychiatrist or Paediatrician has created and billed Medicare successfully for a **Mental Health Care Plan** or **Chronic Disease Management Plan** and has given you a referral to PsychologyWorks. Please note that if you have seen a Psychologist at another practice in the same calendar year, these sessions will count towards your yearly limit through Medicare.

Initial Referral

Once your referring doctor has completed the paperwork, billed Medicare for the relevant item number and we have been able to confirm with Medicare that your MHCP is in place, your initial sessions will be partly covered by Medicare. We must also have on file your referral letter specifying the number of visits.

Subsequent Referral

Subsequent sessions will only be covered by Medicare if:

- You have approval from your referring doctor based on progress and need;
- Your doctor has billed Medicare for a review; and
- A dated referral letter for a specific number of sessions is received by this practice.

We suggest you record below the sessions you have had under the MHCP so that you can arrange a review with your referring doctor at the appropriate time:

Session Number	Date	Session Number	Date
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

PsychologyWorks

Phone (03) 6234 3555

Fax (03) 6234 3005

www.psychologyworks.com.au

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Hobart TAS 7000

GPO Box 63

Hobart TAS 7001

CLIENT INFORMATION

I,

(Full Name)

of

(Address)

hereby confirm that I have read and understood the Client Information sheet provided to me by PsychologyWorks.

.....

(Client Signature)

.....

(Date)

.....

(Witness Signature)

.....

(Date)

PsychologyWorks

Level 8, 39 Murray Street, Hobart.
GPO Box 63, Hobart, 7001
Ph: 03 6234 3555 Fax: 03 6234 3005

AUTHORITY FOR RELEASE OF INFORMATION

I,

.....
(Full name)

of

.....
(Address)

hereby authorise you to obtain information relative to my case and to discuss my case with appropriate medical, rehabilitation, legal and insurance bodies where necessary.

I am willing for a photocopy or facsimile copy of this authorisation to be accepted with the same authority as the original.

I am willing to allow the distribution of information to other parties involved in my treatment and rehabilitation.

I accept that this authority will remain in force until such time as I cancel it in writing. I understand that this consent can be revoked at any time except to the extent that disclosure made in good faith has already occurred in reliance on this consent.

Please note: If there are any special circumstances regarding the completion or distribution of this consent, please discuss with your psychologist.

.....
(Client Signature)

.....
(Date)

.....
(Witness Signature)

.....
(Date)

PLEASE COMPLETE & BRING WITH YOU ON DAY OF CONSULTATION

Mr Mrs Miss Ms Dr Prof

Surname: _____ Given Name: _____

Known as: _____ Date of Birth: _____

Home Address: _____

Postal Address: _____

Phone: _____ Work: _____ Mobile: _____

Email: _____

Next of Kin:

Name: _____ Phone Number: _____

Relationship: _____

If a Minor:

Payer's Full Name: _____ DOB: _____

Payer's Ph Number: _____ Address: _____

Medicare Number: _____ Pos No: _____

Referring Doctor: _____ Date of Referral: _____

General Practitioner: _____

Medicare Number: _____ Pos No: _____ Exp Date: _____

Age Pension: Yes/No

Disability Pension: Yes/No

Veterans Affairs Number: _____ Health Care Card: Yes/No

Employer: _____ Date of Accident: _____

Insurer: _____ Claim number: _____

Case Worker: _____ Lawyer: _____