

## **INFORMATION FOR CLIENTS**

**Office hours are 9am – 4.45pm**

### **Your Psychologist is:**

### **Appointments Booked:**

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:

### **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.

### **Fees for Face to Face Psychological Services**

The Australian Psychological Society's (APS) recommended fee for a 50-minute consultation is currently \$254. We ask for payment at the time of consultation at which time the fee will be discounted to \$182.00 (\$188 from 1 January 2021) with a Clinical Psychologist and \$142 (\$147 from 1 January 2021) with a General Psychologist. Clients referred under a Mental Health Care Plan (MHCP) are entitled to a Medicare rebate (see attached information sheet). Reports and letters may incur an additional cost. NDIS clients are charged according to NDIS rates. We have EFTPOS facilities.

### **Fees for Telehealth Psychological Services (telephone call or videoconference)**

Telehealth sessions are currently available through Medicare (till 31.3.21), Private Health Funds, Veterans' Affairs, NDIS and Workers Compensation. The Medicare items form part of the 10 services allowed per calendar year under the Better Access Mental Health Initiative (MHCI). Payments for Telehealth sessions are required to be paid within 24 hours to gain the Medicare rebate if coming under a MHCP, by credit card or direct deposit.

PsychologyWorks uses the videoconferencing platform **Coviu**.

### **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 then 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/Late Cancellations**

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 you being charged the full hourly consultation rate for the missed appointment. This fee is not recoverable from Medicare or your private health fund. We ask that you do not rely on SMS reminders for booked appointments.

## **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 health fund rebate to cover the gap on a service provided under Medicare.

## **Confidentiality**

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.

## **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:

- Where **Child Abuse** (physical, sexual or neglect) is occurring, the psychologist is required to report this to the Child Protection Agency.
- Disclosure of confidential information may be necessary to lessen or prevent serious threat to health or safety of yourself or others.
- If you are under a **Court Order** the results of your therapy must be reported to the court.
- 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.
- 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.

## **Referral letters and Mental Health Care Plans from your doctor**

You should forward your referral letter and plan to us as soon as possible prior to your appointment. Alternatively, you should check that your doctor has sent them 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.**

**Please note our office is open Monday-Friday from 9am to 4.45pm. If you ring outside these hours you can leave a message (allow the phone to ring until our messagebank is reached).**

**Toilet facilities are in Cat & Fiddle Arcade or Centrepoint.**

**For Out of Hours Crisis Assistance Please Call  
Mental Health Helpline 1800 332 388 or Lifeline 13 11 1**

## **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 Pediatrician has created and billed Medicare successfully for a **Mental Health Care Plan (MHCP) or Chronic Disease Management Plan and has given you a referral and a copy of your MHCP to be forwarded to PsychologyWorks before your appointment.** 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 plan and 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.		

**If you are making a claim for compensation, we require the following authority to be completed and signed by yourself. This will be held on file and only required if your claim is disputed.**

...../...../.....

**To:**

- (1) PsychologyWorks**
- (2) If available, Solicitor's name and address:**

.....  
.....

Dear Sir/Madam

**Insurer:** .....

**Claim Number:** .....

**Date of Incident/Claim:** .....

I, ..... of ....., understand that should the above claim be disputed/rejected, I agree that I am responsible for payment of all monies owing to **PsychologyWorks** relating to consultations with and/or reports prepared by my Psychologist.

I hereby authorise my solicitor to pay all outstanding monies owing to **PsychologyWorks** at the time of settlement of the said compensation claim/common law damages claim/criminal injuries compensation claim.

I acknowledge and accept that this authority cannot be revoked unless in writing by **PsychologyWorks**.

I also undertake to notify **PsychologyWorks** of any change in my circumstances.

**Signed:** ..... **Dated:** .....

**Witnessed:** .....

**PsychologyWorks**  
Level 8. 39 Murray Street, Hobart.  
GPO Box 63, Hobart, 7001  
Ph: 03 62343555 Fax: 03 62343555

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# AUTHORITY FOR RELEASE OF INFORMATION

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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.

Signed

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

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Level 8. 39 Murray Street, Hobart.  
GPO Box 63, Hobart, 7001  
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## CLIENT INFORMATION

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I, \_\_\_\_\_  
(Full name)

of \_\_\_\_\_  
(Address)

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

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**Please complete this form and bring with you on the day of consultation**

**Mr Mrs Miss Ms Dr Prof** (please circle)

**Surname:** \_\_\_\_\_ **Given Names:** \_\_\_\_\_

**Known as:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Home address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email: \_\_\_\_\_

**Next of Kin -**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Payer -**

Payer's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Payer's Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Payer's Medicare Number: \_\_\_\_\_ Position Number: \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

General Practitioner: \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

**NDIS -**

Reference Number: \_\_\_\_\_ Agency / Plan / Self-Managed (please circle)

Plan Start Date: \_\_\_\_\_ Plan End Date: \_\_\_\_\_

**Veterans' Affairs -**

Reference Number: \_\_\_\_\_ White Card Holder Referral Reason: \_\_\_\_\_

**Workers' Compensation Details -**

Employer: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Insurer: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Case Worker: \_\_\_\_\_ Lawyer: \_\_\_\_\_