



## Psychological service

The service provided by Treehouse Psychology is conducted within scheduled session times. A consultation is usually 55 minutes duration (that is, a 51 minute session + billing and rebooking time). Treehouse Psychology is not a crisis or case management service. For urgent or crisis care please contact 000 or your Doctor. For out of session support you may like to contact any of the following:

- Lifeline on 131114
- DV Connect on 1800 811 811 for Domestic and Family Violence Assistance
- Parent Line on 1300 30 1300
- Kids Helpline on 1800 55 1800 or online: [About WebChat Counselling | Kids Helpline](#) for those aged 25 years or under
- Open Arms on 1800 011 046 for Veterans and their families
- Beyond Blue on 1300 22 4636 or online: [Beyond Blue Webchat Support Service](#)
- or a support service of your choosing.

## Collecting and holding information

As part of providing a psychological service to you Treehouse Psychology/your Psychologist 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 a necessary part of providing a psychological service. 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. At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation (for which a fee may apply). The psychologist may discuss with you different possible forms of access. If you do not wish for your personal information to be collected in a way anticipated by this document your Psychologist may not be in a position to provide the psychological service to you. Please discuss any concerns with your Psychologist before you commence.

## Disclosure of personal information

Your personal information will not be used, sold, rented or disclosed for any other purpose. All personal information gathered during the provision of the psychological service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would, in the reasonable belief of the Psychologist, 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 lawyer;
  - b. discuss the material with another person, e.g., a parent, employer, or health provider;
  - c. disclose the information in another way;
4. you would reasonably expect your personal information to be disclosed 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; or
5. disclosure is otherwise required or authorised by law. Of particular note is the requirement for any adult to report sexual offending against a child by another adult to the police: [Failing to report sexual offences against children | Your rights, crime and the law | Queensland Government \(www.qld.gov.au\)](#).
6. you are referred by your General Practitioner (GP) and you claim a Medicare rebate for the sessions, at the end of referral period (usually determined as number of sessions) and/or on completion of treatment, it is a Medicare requirement that a report be prepared, and provided, to your referring GP.

Client Initials: \_\_\_\_\_

**Please see over page**

## **Fees**

Payment is required, in full, at the time of consultation. Please ensure you are aware of our fee rates by visiting our website: [www.treehousepsychology.com.au](http://www.treehousepsychology.com.au); if relevant, you will be updated of any fee increases.

Any additional service requested (e.g., letters, reports and/or file review/copying, or out of session communication (phone call/s, SMS, or email) that requires more than 10 minutes of your Psychologist's time in any one day, incur a separate fee (and are not eligible for a Medicare rebate) and are subject to GST; fees on application.

## **Cancellations & Confirmations**

Appointments missed without notification or with less than 24 hours' notice may incur a cancellation fee of \$50. Non-attendance fees do not attract a Medicare rebate. Please call or text 0411699591 if you are unable to attend your appointment. The cancellation fee will be waived where the appointment is able to be assigned to another client.

Ahead of your appointment you will be sent an SMS message (text) to confirm your intended attendance; you need to respond to this text at least 24 hours ahead of, or by noon on midday the day prior, (whichever comes first) to secure your appointment. A non-reply to the confirmation text will be treated as a less than 24 hours' notice cancellation. Unconfirmed appointments may be reassigned.

Repeat cancellations or rescheduling at short notice (including in response to the confirmation text) will be discussed with you to determine if you wish to pause or terminate treatment and allow your place to be offered to someone on the waiting list until you are able to fully commit to therapy attendance.

## **Fragrance Free**

If you are working with Janelle, as your Psychologist, you are respectfully asked not to wear perfumes or other strongly scented products (incl. strongly smelling deodorants) to your session, as Janelle has a fragrance allergy. If you attend the session wearing perfume or other strongly scented products the session may not proceed.

**APS Charter for Clients of Psychologists** explains your rights as the client of a psychologist. You can access a copy via our website: [www.treehousepsychology.com.au](http://www.treehousepsychology.com.au) or via this [link](#).

I (print name) \_\_\_\_\_ have read and understood the information provided above and give my consent to proceeding with psychological services provided by Treehouse Psychology acknowledging the information and conditions stipulated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_