

## CLIENT INFORMATION

### CLIENT DETAILS

Title:			
Name:			
Address:			
Suburb:		Postcode:	
Telephone No.:		Mobile No.:	
Date of Birth:		Age:	

### REFERRAL DETAILS

Referred by:	
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### MEDICARE / WORKCOVER DETAILS

<b>MEDICARE NUMBER:</b>	
<b>WHICH NUMBER ARE YOU ON YOUR MEDICARE CARD?:</b>	
<b>WHAT IS THE MEDICARE CARD CARD EXPIRY DATE?:</b>	
<b>IF WORKCOVER, CLAIM NUMBER:</b>	

<b>SIGNATURE:</b>		<b>DATE:</b>	
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## **PRIVACY POLICY AND CONSENT FORM**

### **Policy for Management of Personal Information**

This document describes the policy of Adam Sims for the management of his clients' information. The psychological service provided is bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

### **Client Information**

Client files are held in a secure room, which is accessible only to authorised employees. The information on each file includes personal information such as name, address, contact telephone numbers, and other information, which is relevant to the psychological service being provided.

### **Purpose of holding information**

The information is gathered as part of the assessment, diagnosis, and treatment of the clients' condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

### **Requests for access to client information**

At any stage clients may request to see the information about them kept on file. The psychologist may discuss the contents with them and/or give them a copy. All requests by clients for access to information held about them should be lodged with your treating psychologist. These requests will be responded to within 30 days and an appointment will be made if necessary for clarification purposes.

### **Concerns**

If you have any concerns about the management of your personal information, please inform Adam Sims immediately.

Upon request you can obtain a copy of the National Privacy Principles, which describe your rights and how your information should be handled. Ultimately, if you wish to lodge a formal complaint about the use of, or access to, your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992.

*Please sign the following page...*

# CONSENT FORM

## Psychological Service

As part of providing a psychological service to you, your psychologist will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

## Access

You may view/and/or have a copy of the material recorded in your file upon request.

## Confidentiality

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure except when:

- It is subpoenaed by a court or under Section 110 of the WorkCover Act, or
- Failure to disclose the information would place you or another person at risk; or
- Your prior approval has been obtained to
  - a) provide a written report to another professional or agency, eg. GP or a lawyer; or
  - b) discuss the material with another person, eg. parent or employer.

## Fees

The cost of a consultation can be payable at either the beginning or the end of the session by cash or credit card, unless otherwise negotiated.

## Medico-Legal Reports

The cost of producing reports is not covered by Medicare, or Private Health, and require specific negotiation. It is also the case that the request of a report may be refused. If this is a need of yours, please speak to Adam Sims concerning your case.

## Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please give us at least 24 hours notice, otherwise a cancellation fee will be charged.

I, \_\_\_\_\_ have read and understood the above Consent Form. I agree to these conditions for the psychological services provided.

<b>SIGNATURE:</b>		<b>DATE:</b>	
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