

Client Consent & Agreement

As a client of Calm Consultants, you have the right to expect that you will be treated with respect in all of your dealings with us and that you will receive a professional and competent psychological service.

Session Information

Calm Consultants psychology appointments are approximately 50 minutes long and attract a fee for service. The full fee for psychological service varies, depending on the treating Psychologist. Please ask at reception prior to treatment, if you are unsure of the fees involved for your treatment. Your fee is required to be paid in full when you arrive for your appointment by EFTPOS or a pre-approved third-party invoice.

Cancellation Policy

Calm Consultants requires 48 business hours' notice for the cancellation of an appointment. This courtesy allows us to offer a vacated appointment to another client. The cancellation of an appointment within a 24-hour period will incur a fee of 50% of the session cost except in the case of extenuating circumstances, or if the Psychologist becomes unexpectedly unavailable. Should you fail to attend your appointment, or late cancel more than twice, we may be inclined to discontinue services. If this occurs, you will be notified, as well as your referrer, if applicable.

Client Information

All the personal information that is gathered from you as part of your assessment, diagnosis and treatment is considered confidential and stored electronically and/or in a hard copy in a secure location. Your Treating Psychologist, the Principal Psychologist of Calm Consultants and our Administrative team have access to this information.

It is a legal requirement for client information to be stored for a minimum of 7 years for clients aged 18 and over before being confidentially destroyed. Information gathered from clients under the age of 18 will be retained until that individual reaches age 25.

Confidentiality

All your personal information, including that which is disclosed during your appointment, is considered confidential and your Treating Psychologist will not disclose this information except in the following circumstances:

- Client information is subpoenaed under the law, or
- There is a significant concern for the safety of yourself or others, or
- The law requires or authorises a disclosure of personal information, or
- In the course of supervision/professional training, or
- Your prior verbal or written consent has been obtained specifying what information can be disclosed and to whom.

If it becomes necessary to disclose information, your treating psychologist will discuss this with you.

I hereby consent to the release and obtainment of information about my psychological assessment, diagnosis and treatment to *(please select any of the following)*:

- My treating GP _____
- My treating Psychiatrist _____
- My WorkCover Insurance Agency _____
- My Workplace Rehabilitation Provider _____
- My Emergency Contact (inc. r/ship & number) _____

- Other *(please specify)* _____

I have read and agree to the terms and conditions of psychological services outlined above. I understand that I may speak with my treating psychologist or the principal psychologist at Calm Consultants regarding any questions or concerns that I have.

Client Name: _____ D.O.B: _____

Signature: _____ Date: ___ / ___ / ___

Parent/Guardian Name: _____

(if signing on behalf of client under 18 years)

Relationship to child: Biological Parent of child Legal Guardian