



OFFICE USE ONLY

Registration No.:
Registration Date:

PRIVATE AND CONFIDENTIAL

This document (Pg. 1-4) is strictly private, confidential and personal to Bright Mind Psychology and its service recipients. It is intended only to be read or used by nominated personnel and may contain legally privileged information. If you have received these documents and are not involved in the provision of services as part of Bright Mind Psychology, please notify us immediately.

Client Registration Form

Personal Details			
Title (Mr., Mrs., Miss, Ms. etc.)			
First Name			
Family Name/Surname			
Date of Birth and Age			
Address & Postcode			
Phone Numbers	Mobile		
Tick preferred contact <input checked="" type="checkbox"/>	Home		
	Work		
Email Address			
Occupation			
Relationship Status	Single		Defacto
Tick <input checked="" type="checkbox"/>	In a relationship		Separated
	Engaged		Divorced
	Married		Widowed
Next of Kin	Name: Relationship to you:		
Permission to contact in emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number:		
	Address:		

Please have your Medicare Card, GP Referral Letter and GP Mental Health Treatment Plan ready. Your psychologist will fill in the following before your first session begins.

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Medicare No.: Medicare Ref. No. :
Medicare Expiry Date:
Referral Date: Referring Clinic:
GP & Provider Number: Payment Type:

CLIENT CONSENT FORM

Please read the following form (3 pages) carefully. It contains the terms of your services with Bright Mind Psychology including policies regarding **Medicare eligibility, confidentiality, fees, and cancellation policy**, which will be upheld to the fullest as part of our quality care to all of our clients.

PROVISION OF MEDICARE PSYCHOLOGY SESSIONS

Have you had previous Medicare psychology sessions with other psychologists, psychiatrists, clinical social workers, clinical occupational therapists etc.) within this Calendar Year?

Circle: YES/NO

If Yes, how many sessions have you had: _____

Please be aware that full fees could be charged at the point where you have used more than 10 Medicare psychology sessions for the Calendar Year. As such, we encourage you to verify with Medicare at 132 011 how many sessions have been claimed by simply providing your Medicare number. While we try to keep track of the number of sessions you have had with us, it will remain **your responsibility to inform us** of any other services (e.g. psychiatrist) you engage in that will add to your total number of Medicare psychology sessions for the Calendar Year.

FEES AND STRICT CANCELLATION POLICY

In discussion with your psychologist (including phone/email queries and in-person consultation), please ensure that you are aware of the potential costs associated with the services you will receive from Bright Mind Psychology. All clients will be responsible for payment of their account at the time of consultation. All other costs associated with your treatment (e.g. court reports, assessment reports, support letters etc.) are also payable at the time of service before they can be released.

We value our time and yours. If you need to cancel or reschedule, we respectfully ask for an advanced **notice of 48 hours/2 working days**. We do understand that special circumstances can happen unexpectedly so please do inform us when you can. A fee of **\$40 will be charged for missing appointments or failing to cancel within a reasonable time**. This fee can be paid before or at the start of your next appointment. **As part of maintaining our standard of service to all our clients, we may choose to decline services following multiple absences (2 or more appointments).** We thank you for your understanding.

**PURPOSE FOR HOLDING INFORMATION &
REQUEST FOR ACCESS TO CLIENT INFORMATION**

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. The collected information will form a necessary part of the psychological treatment that is conducted for you.

Please note that your psychologist may be restricted in their ability to provide relevant and informed psychological service should you choose to withhold information that is important for the provision of our services to you.

At any stage you as a client are entitled to access to the information about you kept on file, subject to exceptions as stated in the Privacy Amendment Act 2000 (National Privacy Principal 6). This means that your request must be serious in nature, i.e. “the request must not be frivolous or vexatious”. Any request to access the information must be lodged with your psychologist. Your request will then be responded to within 7 days and your psychologist will discuss with you the purpose of this request and if agreed, appropriate forms of access, with associated costs of this access will be borne by the client including but not limited to the cost of a standard consultation and administrative costs.

Your information consists of paper and electronic forms of your registration and consent details and electronic forms of your treatment details. Electronic information is stored electronically in a secured practice management system which offers industry leading security measures. Paper information is stored in individual client files that are locked in secure storage. **The content of your treatment is restricted to your psychologist and cannot be accessed by administrative staff who only handle your registration details for booking, billing and other administrative processes (e.g. scanning into electronic form).**

CONFIDENTIALITY

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

- It is subpoenaed by a court;
- Failure to disclose the information would place you or another person at serious risk;
- Your prior approval has been obtained to:
 - a) provide a verbal consultation/written report to another professional or agency
 - b) discuss the material with another person

Other exceptions include information provided to your referring doctor, and also de-identified information presented to your psychologists' supervisor and/or peers as part of ongoing improvements to their service delivery.

As part of our efforts to discuss your confidentiality needs and limitations with you, we ask that you provide the following information for your psychologist:

1) Are you involved in or anticipate yourself to be involved/subjected to any legal undertakings? (This may include involvement with WorkCover, TAC, Victims of Crime Tribunal, family mediation, Family Court, VCAT, legal difficulties, criminal or civil proceedings and other matters).

Please circle YES/NO/UNSURE

2) Do you anticipate any treatment reports to be written for you in the duration of your psychological treatment? (this includes letters to court, university, Centrelink etc.)

Please circle YES/NO/UNSURE

3) Have you ever been admitted to hospital due to medical conditions or risk to yourself? (this includes chronic medical/physical conditions, drug or alcohol concerns, suicidal attempts/thoughts or homicidal attempts/thoughts).

Please circle YES/NO/UNSURE

4) If you are a guardian/carer/parent, do you have the consent of other guardians for psychological treatment to be provided to your child/care-receiver?

Please circle YES/NO/UNSURE

While there are no legal requirements for treatment consent to be sought from **all guardians**, all guardians have a right to access the care-receiver's treatment information including those under the age of 14 **regardless of separation, divorce or remarried status** unless there is a court order to the contrary.

Please list other guardians, carers or parents by name and their relationship:

I, (client/guardian full name) _____, have read and understood the above Consent Form (Pg. 2-4). I agree to the above conditions for the psychological service provided by Bright Mind Psychology.

Signature: _____

Date: _____

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CONSENT FOR TELEHEALTH SESSIONS

This form is to be used in addition to our standard consent form which is attached to the new patient registration form signed at your first session.

Background and Services – Telehealth

From 1st April 2020, we have expanded our offering for telehealth services to ensure we can offer continued service delivery for our psychology clients. The expansion of this services was supported by the introduction of the COVID-19 Medicare telehealth items.

Our practice uses Power Diary to deliver our video-based Telehealth services. Power Diary is a private company that is separate and outside of Bright Mind Psychology. We use Power Diary for our appointments and practice management software. You can obtain information about Power Diary and its telehealth privacy policy here: <https://support.powerdiary.com/article/240-power-diary-telehealth-security-privacy-and-compliance>

Telehealth services also cover phone consultations. We will be calling from a private number with No Caller ID.

Privacy

As per our face-to-face consultations, we will treat your information with respect and in confidence. We will not record the telehealth sessions nor share material from the sessions without your consent. In the event that your psychologist is concerned about your safety or the safety of others, the usual limitations outlined in the regular consent form signed at your first session applies.

Our default practice will be unrecorded sessions. We will not use your full name to set up our meeting invitation. The link to your meeting that is sent before or on the day of your first session is unique to you only and will be used for every session.

You are NOT REQUIRED to have an account with Power Diary in order to participate. We also ask you to respect our privacy by agreeing not to make recordings of our sessions and not to use materials from our sessions for purposes other than therapy. **If you wish to record sessions or use session material for other purposes, you MUST seek our consent to do so.**

Your practitioner will make a commitment to undertake all video and phone calls in a private setting where others cannot hear your information. We recommend that you also find a private setting where you feel comfortable too.

By accepting the method of Telehealth services, I have read, understood and agree to the above information.

Client/Guardian Name (please print):
Signature:

Date: