

CLIENT DETAILS

First name

Surname

Telephone

Email

Address

State

Post Code

Date of Birth

Age

PERSON TO BE CONTACTED IN AN EMERGENCY

Name

Relationship

Telephone

PERSON RESPONSIBLE FOR PAYMENT Self, as above ☐ (or) Other, see below ☐

Title

Name

Surname

Email

Telephone

Home Address & Postal Address (if different):

REFERRING DOCTOR (if relevant): Name

Date of Referral / / 20

Medicare No:

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Reference No:

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Valid to:

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CLIENT INFORMATION

This is a private practice and fees charged are based on, yet lower than, the schedule of fees (\$251 per consult hour) endorsed by the Australian Psychological Society. Fees are reviewed annually at the beginning of each calendar year.

Schedule of Fees (2019)

Individual consultation	\$225.00
Couple/Family Consultations	\$225.00
Home visit/site consultation	\$355.00

The duration of each consultation is approximately fifty (50) minutes.

Payment

Payment is due at the end of each consultation and can be made by direct deposit, cash or credit card. Receipts will be sent to you by email.

Rebates

Psychological service rebates are covered by most private health funds and in some instances by Medicare. Please liaise directly with both your particular fund and/or Medicare in this regard.

CANCELLATIONS

A minimum of 24 hours notice is required to cancel or change an appointment. Should this requirement not be met, a late cancellation or non-attendance fee of **\$130+GST** will apply in all instances as this practice elects not to assess the merits of each individual situation.

I confirm that I have read and understand the content in this form and have read and understood the information provided to me regarding fees, payment, management of my personal information and the conditions for psychological service. **I agree to these conditions for the psychological service provided by Sally Jayne Gatt.**

Client Signature

Date / / 20

Parent/Guardian signature (if applicable)

Date / / 20

St Quintins Clinical Psychology

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Sally Jayne Gatt

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Clinical Psychologist

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POLICY FOR MANAGEMENT OF PERSONAL INFORMATION

This document describes the policy of *Sally Jayne Gatt* for the management of her clients' information. The psychological service provided is bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act (2014).

Psychological Service

As part of providing a psychological service to you, Sally Gatt 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.

Client Information

Client files are held in a secure filing system and data encrypted electronic storage, which is accessible only to authorised personnel. The information on each file includes personal information such as name, address, contact phone numbers, and other information that 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 client's 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 depending on circumstances. All requests by clients for access to information held about them should be lodged with Sally Gatt. These requests will be responded to within 14 days and an appointment will be made for clarification purposes.

Disclosure of personal information

Services are provided in confidence and personal information provided by you will not be disclosed except in the following circumstances:

- it is subpoenaed by a court or other bodies with similar power; or
- failure to disclose the information would in the reasonable belief of Sally Gatt place you or another person at risk to life, health or safety; or
- your prior approval has been obtained, i.e., to:
 - Provide a written report to another professional or agency.
 - Discuss the material with another person (parent, employer etc); or
- For the purpose of professional development, where case material may be used (with names and other identifying details changed); or
- If you have been referred by your GP (or another third party), who requests a brief update, prognosis etc

Tele-health Sessions

- Whilst every reasonable effort is made to ensure security of data and connection, this cannot be guaranteed;
- The client must also take care to ensure security of data and connection, such as keeping (e.g., Skype) account secure with a good password and logged out when not in use;
- The client must be able to access a local support such as GP, medical clinic or hospital in the event of an emergency;
- The client must provide the therapist with contact details for a local GP and a NOK/friend/relative for emergency contact purposes;
- Any handouts or clinical follow-up that may be conducted via email cannot be guaranteed for data security, although every reasonable effort will be taken;
- At times the internet connection may cause the tele-health call to drop out, or the video connection to be poor – in these cases, the session should be able to be completed via telephone;

- The session will be most useful when the client treats it as if attending the psychology office, and is in a private/quiet room, with a comfortable place to sit, any water or beverage required, and pen/paper available for notes during session.

Concerns

If you have a concern about the management of your personal information, please inform Sally Gatt. 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, or GPO Box 5218, Sydney, NSW 1042.

INSURANCE AND MEDICARE REBATES

BETTER ACCESS TO PSYCHOLOGISTS MEDICARE

BENEFITS REBATE: If you wish to use this scheme, please familiarise yourself with the requirements of this benefit. It is your responsibility to ensure that your referring doctor supplies the documentation as detailed, as this practice is not authorised to request referrals on your behalf. This scheme allows for up to **ten (10)** rebateable sessions per calendar year.

The following is a summary of the process:

- The initial referral may be made by a **General Practitioner** or a **Psychiatrist**. In both cases a letter of referral is required by this practice. In the case of GP referral, the doctor will have prepared a document referred to as a GP Mental Health Plan. A referral letter to this practice is required in order for a consultation to be invoiced as a Medicare item.
 - This step entitles you to **six (6)** claimable consultations.
- Following your **sixth** consultation, and should you wish to continue to attend, you are required to see your referring doctor for an appointment, and to obtain a letter from the doctor requesting continuation. It is a Medicare requirement that this practice obtain this letter before your next consultation to
 - enable a further **four (4)** claimable sessions.

** If you are referred by a psychiatrist or a paediatrician an formal MHCP is not required. Please bring a letter of referral on your first appointment.*

PRIVATE HEALTH INSURANCE FOR PSYCHOLOGY:

Private health insurers provide partial rebates for Psychology services, which may be used instead of, or following, use of Medicare rebates. A referral is not required to claim private health insurance rebates.

EMPLOYEE ASSISTANCE PROGRAM: Some employers may allow you to register you own psychologist as an EAP provider. Please discuss this with your employer's Human Resource department.

I confirm that I have read and understand the content in this information provided.

Client Signature

Date / /20

Parent/Guardian signature (if applicable)

Date / /20

CREDIT CARD DIRECT DEBIT AUTHORITY

I, _____ authorise SALLY JAYNE GATT until further written notice from me, to utilise my bankcard details as provided below and to draw from this nominated account the Practitioner's agreed fee at the end of each consultation.

This authority is also applicable to non-attendance or late cancellation fees.

CARD DETAILS

Visa: MasterCard: Amex:

Name on Card: _____

Card Number:

CCV: Expiry Date: /

Signature: _____

Date: / / 2 0

Name of Client, *if not the Card Holder*: _____