

## THRIVING MIND PSYCHOLOGY CONSENT FORM

(Please print, sign and bring to your first session)

Welcome to Thriving Mind Psychology. We provide a psychological service that entails the assessment, diagnosis and treatment of clients based on individual needs. Please read the information below about our service and bring this form and any referral letters you have obtained to your first session.

### WHAT TO EXPECT IN YOUR FIRST SESSION

Allow 55 minutes for your first session. During this session, and possibly in further sessions, you and your psychologist will get to know each other, begin to work out the main issues you wish to discuss and consider the best course of action. While most people report that they feel anxious before the first session, they also report feeling comfortable very quickly.

Please arrive on time for your appointment - if you are more than a few minutes early there may not be anyone to let you in.

### PRIVACY & INFORMATION

As part of providing counseling at Thriving Mind, we need to collect health and personal information from you to provide a relevant, effective and safe service. This information is gathered as part of your assessment, diagnosis and treatment and is seen only by your psychologist. The information is retained in order to document what happens during sessions, and enables our psychologist to provide a relevant and informed psychological service.

### CONFIDENTIALITY

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

- i. Failure to disclose information would place you or another person at risk
- ii. It is subpoenaed by a court
- iii. Your prior approval has been obtained to:
  - a. Provide a written report to another professional agency, e.g. a GP or a lawyer, or
  - b. Discuss the material with another person, e.g. a parent or employer

### FEES & CANCELLATIONS

The fee for your session will be discussed with your psychologist at the time of your first booking. **Payment by CASH is expected at the end of each session.** If you wish to apply for a Medicare rebate, please make an appointment with your GP prior to your first session. Your GP will conduct a Mental Health Care assessment. If you are eligible for a Medicare rebate, your GP will provide you with a letter of referral. Please bring this letter with you to your first appointment. Please note, you don't not have to apply for Medicare rebate to access counseling with Thriving Mind, however if you are eligible for a rebate either from Medicare or your private health insurer, you may claim it after you have paid for the session. **Cancellations made within 24 hours of the appointment will be charged at the full cost of the session.** Cancelled appointments cannot then be claimed from Medicare or your private health insurer.

### CONSENT

I, (print your name in capital letters) ....., have read and understood the above information and the "Policy for the Management of Information" on the Thriving Mind website. I consent to Thriving Mind providing a psychological service to me on the basis of that information, collecting health and personal information about me and using and disclosing that information as Thriving Mind deems appropriate.

Signature .....

Date .....

If you have any questions or concerns regarding the information in this form or on our website, please discuss them with your psychologist.



## INFORMATION FOR OUR RECORDS

*(Please print, fill in, and bring to your first session)*

### CONTACT DETAILS

NAME ..... DATE OF BIRTH .....  
ADDRESS .....  
EMAIL ADDRESS .....  
HOME PHONE ..... MOBILE PHONE .....

### PERSONAL DETAILS

DATE OF BIRTH ..... AGE ..... NATIONALITY .....  
OCCUPATION ..... COMPANY NAME .....  
EDUCATION LEVEL ..... RELIGION .....  
STATUS  Single  Married  Living together  Divorce  Widowed  Separated  Other .....

### EMERGENCY CONTACT *(Next of kin will only be contacted in case of an emergency and where ever possible contact will be discussed with you first.)*

CONTACT NAME .....  
PHONE ..... RELATIONSHIP TO YOU .....

### HEALTH & MENTAL HEALTH

CHIEF REASON FOR ATTENDING COUNSELLING .....  
PREVIOUS COUNSELLING *(Please include date and practitioner's name)* .....  
.....  
GENERAL HEALTH .....  
MEDICATIONS *(including anti-depressants)* .....

### REFERRAL INFORMATION

REFERRING DOCTOR *(if applicable)* ..... PHONE .....  
REFERRING DOCTOR PRACTICE NAME & ADDRESS .....  
.....  
HOW DID YOU HEAR ABOUT US?  GP/ other specialist  Google  Friend  
 An existing client  Other .....

### PAYMENT & REBATES

I have a mental health care plan  I am planning to get a Mental Health Care Plan  I have a Health Care Card  
 I would like to pay with private Health Insurance  I will pay the full fee privately  Other .....  
Medicare Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_\_

