



Client Information

Surname		DOB
First Name		
Address		
Phone Number/s	Mobile	
	Work	Home
Email Address		
Occupation		
Medicare Number		
Next of Kin	Ph No:	
GP		
Address		
Phone Number/s		
Provider Number		
Referring Health professional (if different from GP listed above)		
Address		
Phone Number/s		
Provider Number		
Referral Date		
How did you hear about my services?		

Belinda Gourley

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Psychology Services: Client Consent Form**Psychological service**

As part of providing a psychological service to you, NuActive Health needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you.

This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted. Your informed consent will be obtained before any treatment or procedure is initiated and you may withdraw from treatment at any time without prejudice.

If you are unclear about any of the information on this consent form, please discuss this with your psychologist.

Privacy and confidentiality

Your personal information is gathered as part of your assessment and treatment. All of this is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary). We would like to emphasise that your privacy and the information that you provide is protected at all times. All of our psychologists are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and it is a requirement that all psychologists follow strict guidelines for professional conduct that is in line with AHPRA and the Australian Psychological Society (APS) Code of Ethics.

Your personal information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service to you. You are entitled to access your personal information kept on file at any time. Should you wish to see the information kept on your client records, please discuss this with your psychologist.

Limits to confidentiality

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

1. It is subpoenaed by a court; or
2. Failure to disclose the information would in the reasonable belief of the Pathways Health and Research Centre place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
 - a. provide a written report to another professional or agency. e.g. GP, school or a lawyer; or
 - b. discuss the material with another person, eg. a parent, employer or health provider; or
 - c. disclose the information in another way; or
4. You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. Disclosure is otherwise required or authorised by law; or
6. When consulting with colleagues, or in the course of supervision, your psychologist will be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the APS Code of Ethics.

Consequence of not providing personal information

If you do not wish for your personal information to be collected in a way anticipated by this consent form, NuActive Health may not be in a position to provide the psychological service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for NuActive Health to deal with you or if NuActive Health is required or authorised by law to deal with identified individuals. In most cases, it will not be possible for you to be anonymous or to use a pseudonym, however if the psychologist at NuActive Health agrees to you being anonymous or using a pseudonym, you must pay consultation fees at the time of the appointment.

Cancellation Policy

To ensure that NuActive Health provides the highest quality of care to our clients, please give at least **24hour** notice if you are unable to attend your scheduled appointment. Otherwise, you may be charged a late cancellation/ non-attendance fee. This fee must be paid in full prior to the commencement of your next session at NuActive Health.

Your cancellation notice would be much appreciated, as this can enable us to provide services to other clients who may be in need of an urgent appointment.

Consent

I, _____, have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by NuActive Health.

Client name: _____ Client Signature: _____

If client is under 18 years of age

Parent/ Guardian's name:

Parent/ Guardian's signature:

Date:

I, _____, provide consent for the exchange of verbal and written correspondence about my child's psychological condition and treatment at NuActive Health to the following entity:

Parent/ Guardian's name:

Parent/ Guardian's signature:

Date: