



INFORMED CONSENT AND AGREEMENT FORM

1. I/We am/are assured that all information gathered during the provision of psychological services will remain confidential and secure and only known to my treating practitioner and referring doctor except where:
 - a. Information is subpoenaed by a court, or
 - b. Failure to disclose the information would place myself (the patient/client) or another person at serious and imminent risk; or
 - c. Your prior approval has been obtained to
 - i. provide a written report to another professional or agency e.g. a GP or a lawyer; or
 - ii. discuss the material with another person, e.g. a teacher or employer;
 - d. Or if disclosure is otherwise required by the law.
2. I/We understand that my treating practitioner will fully explain and obtain my informed consent before any treatment procedure is employed in my case.
3. I/We understand that I/we can withdraw from treatment at any time without prejudicing future treatment here.
4. I/We have agreed upon consultation fees being payable on the day of appointment.
5. I/We understand that 24 hours notice is required if for some reason I need to cancel or postpone my appointment. Appointments which are not cancelled or are postponed with at least 24 hours notice, will be charged a partial fee which will be a minimum of half the cost of a consultation fee.
6. I/We understand that a cost may be incurred for tasks that occur out of your consultation session like; filling in of forms, writing of letters or reports, reading of a significant amount of documentation, reading and response to emails from you or on your behalf; and may be charged at a pro-rata rate, as per the Lakeside Rooms Additional Fee Schedule.
7. If any sessions are via telehealth (phone or video conferencing platform);
 - a. Lakeside Rooms practitioner/s will not record the sessions nor share material from the sessions.
 - b. Services may involve using interactive cloud-based systems that involve sharing of audio, video or other data communication online (outside of our practice).
 - c. Lakeside Rooms practitioner/s will undertake these calls in a private setting where others cannot hear your information.
 - d. Lakeside Rooms practitioner/s recommend that you also find a private setting where you feel comfortable too. It is important that steps are made by you to protect your information. If you are not able to find a private location where you feel comfortable let your practitioner know when they phone you (at your appointment time) and they will respect your request. Your privacy is important, and we will respect your decision/s.

8. COVID-19 Pandemic Specific Consent

I/We acknowledge that Lakeside Rooms has made the decision, guided by compassion, to continue to offer in-person services to both vaccinated and unvaccinated clients; therefore, it is important that all parties are responsible for taking relevant precautions to minimize exposure to COVID-19. This includes operating under a COVID Safe Plan and taking necessary precautions to protect the safety of clients, staff and practitioners on these premises.

- a. I/We understand that by returning to in-person services in a shared office environment, I/we are accepting a risk for potential exposure to the virus.
- b. In order to minimise risk and maximise safety for all I/we agree to:
 - i. Not attend the Lakeside Rooms if you have any symptoms that are consistent with COVID-19 and/or have been in contact with a COVID-19 positive case. Please call Lakeside Rooms to either reschedule your appointment or transfer your appointment to telehealth, if possible and clinically appropriate.
 - ii. Check in with the QR app each time I/we attend
 - iii. Sanitize my/our hands on entry to the Lakeside Rooms premise
 - iv. Wear a mask in common areas like the waiting room regardless of the absence of any Queensland Government mandates, including to and from the consultation room
 - v. If I/we cannot or do not wish to wear a mask, I/we will wait outside the premises for my/our practitioner to receive me/us for the appointment

The Independent Practitioners working from the Lakeside Rooms abide by the relevant professional bodies Charter or Code of Ethics:

- Australian Psychological Society's (APS) Charter for Clients of Psychologists
- Royal Australian and New Zealand College of Psychiatrists (RANZCP) Code of Ethics
- Australian Association of Social Workers (AASW)
- Occupational Therapy Australia Code of Ethics
- Australian Health Practitioner Regulation Agency (AHPRA)
- Australian Counselling Association (ACA)

I/We acknowledge I/we have read and understood the above information and that I/we have received a copy of the Lakeside Rooms Additional Fee Schedule;

Client's Name: _____

Client's Signature: _____

If client is under the age of 18 years:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Practitioner's Name & Signature: _____