



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 48 hours' notice is required if for some reason I need to cancel or postpone my appointment, otherwise a late cancellation fee will be applicable as follows;
 - If you do not attend or provide less than 24 hours' notice of cancellation – 100% of the appointment fee applies.
 - If you provide less than 48 hours' notice of cancellation - 50% of the appointment fee applies.

Please note:

- **The above costs are for therapy sessions only (Medicare will not rebate on a late cancel fee).**
- **Non-attendance/late cancellation fees for assessments will be the costs of the clinician's time per hour for the time scheduled.**
- **Medicare will not rebate on a late cancel fee.**

I/We understand the decision to apply or waive the late cancellation fee is made by the relevant treating professional, it is not made by our administrative staff, and any questions regarding these fees can be discussed directly my treating health professional.

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. Each Practitioner operates their practice independently, from within the Lakeside Rooms space.

Lakeside Rooms provide administrative support and consulting rooms only; they cannot monitor or manage any areas of clinical practice or complaints and do not have access to your clinical records. All complaints/feedback will be passed on to your Practitioner.

As an independent Health Practitioner your **Psychologist or Psychiatrist** is responsible for;

- Your clinical care and their clinical practice;
- Managing their own feedback/complaints (further information can be found at; <https://www.ahpra.gov.au/>);
- Storage and management of your health records;
- Managing client referrals and liaising with their associated stakeholders;
- Recommending and actioning any appropriate referrals
- Authorising and issuing medication prescriptions (**Psychiatrists ONLY**)

The Independent Health 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: _____