



# At Home Psychology Consent Form

## Psychological Service

Welcome to At Home Psychology, where you and your child will be attending psychological therapy with Phoebe Rogers, Clinical Psychologist. In this consent form information regarding the collection of personal information, confidentiality, fees, and cancellation policy will be outlined. If there are any questions, Phoebe will be glad to assist.

## Personal information

As part of providing a psychological service, Phoebe will collect personal information about you and your child. This is a necessary part of assessment and treatment and used for your care.

## Access and confidentiality

All information is kept securely and can only be accessed by Phoebe. Phoebe is required to communicate with your GP in writing if you were referred under a mental health care plan or similar. You may access the information in your file upon request, unless legislation states otherwise. Phoebe may discuss with you different possible forms of access.

## Disclosure of personal information

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

1. It is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. Failure to disclose the information would in the reasonable belief of Phoebe 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., a GP or a lawyer; or
  - b. discuss the material with another person; or
  - c. disclose the information in another way; or
  - d. disclose 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.

Your/your child's personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

### **Phoebe will discuss consent and confidentiality with your child in session**

## Fees

A standard consultation is 50 minutes and fees are as follows:  
\$230 for an individual (adolescent or adult) therapy consultation  
\$260 for a couples or family therapy consultation  
\$180 for clinical supervision

Fees are payable via cash, card, or direct deposit only, and are due at the end of the session. Receipts will be issued upon receipt of payment.

## Cancellation policy

If for some reason you need to cancel or reschedule an appointment, please give Phoebe at least 48 business hours' notice (Monday-Friday, not including weekends). This is so that she can offer the session to another client in a prompt manner. Cancellations with less than 48 hours' notice will be charged at the cost of the session.

If you are experiencing cold or flu-like, Phoebe request that you cancel your session as promptly as possible. Phoebe is happy to also move the session to phone or online for the safety of all.

I, (print name): \_\_\_\_\_

Have read and understood the above consent form on behalf of my child. I agree to these conditions for the psychological service provided by Phoebe.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_