

# Neuropsychology East Melbourne

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## **PRIVACY STATEMENT AND CONSENT FORM**

As part of providing a psychological service to you, I will ask you to provide me with your personal details and a full medical history. You do not have to give all your personal information, but if you don't, this may impact on the service that is provided to you.

### **Purpose of collecting and holding information**

The information is gathered as part of the assessment, diagnosis and treatment of your condition. It is retained in order to document what happens during sessions, and enables me to provide a relevant and informed psychological service. I may use the information you provided for administrative purposes for running my psychology practice, including billing and compliance with Health Insurance Commission requirements.

### **Access to Client Information**

At any stage you are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. I will discuss with you appropriate forms of access.

### **Confidentiality**

All personal information gathered by me during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to
  - a) provide a written report to another professional or agency. eg. a GP or a lawyer; or
  - b) discuss the material with another person, eg. a parent, relative or employer; or if disclosure is otherwise required or authorised by law.

### **Fees and payment procedures**

The consultation fee is payable at the end of the session. The preferred payment method is to pay the full fee via EFTPOS, and we can claim on your behalf to Medicare for reimbursement. To process Medicare claims on the spot, we will need to see a Mental Health Care Plan from your GP.

If you have private health insurance, you may prefer to claim the cost of your sessions this way. The level of rebate made available to you by your private health fund varies according to your insurer and the type of cover you hold.

Patients who do not pay their account on the day of consultation are advised that the payment is due within 28 days. Accounts not paid within 28 days will incur a late fee. A Debt Recovery service may be used for overdue accounts, and any charges for this service will be passed on to the patient.

### **Cancellation Policy**

Please let us know as soon as possible if you are no longer able to make it to your scheduled appointment so that we may offer this time to another patient. Cancellations made more than **72 hours** before your appointment may be rescheduled with no additional cost. Cancellation **within three** days, or failure to attend your appointment may be subject to a fee of 50% of the appointment cost.

I, *(print name in Block Capitals)*....., have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Professor Sarah Wilson, Professor Kim Felmingham, Dr Honor Coleman, Dr James Richmond, Dr Andrea Putica, Dr Laura Bird, Kristian Holth, Jane Bairnsfather, *and/or* Lana Higson.

Signature ..... Date .....

**Please Note:** If, after reading this page you are at all unsure of what is written, please discuss it with me.