



# Psychology on Hay *subiaco*

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Clinical Psychologist Medicare Provider Number 4430592A

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## **INFORMATION AND CONSENT FORM**

### **Psychological Service,**

As part of providing a psychological service to you I will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

All client files will remain the property of Jozay Longden, Clinical Psychologist.

### **Access**

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle Six.

### **Confidentiality**

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

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at risk, or
3. Your approval has been obtained to
  - a. Provide a written report to another professional or agency. Eg. An insurance company or GP or lawyer, or
  - b. Discuss your material with another person. Eg. A partner, parent or employer
4. Professional supervision if applicable (your clinician will discuss this with you).

### **Fees**

The cost of a 50 minute consultation is \$240, which is payable at the time of service. Payment is accepted via EFTPOS, credit card, cash or cheque.

### **Cancellation Policy**

If, for some reason, you need to cancel or postpone your appointment, please provide at least 24 hours notice otherwise you will be liable for the full cost of the session. You are not entitled to a rebate from Medicare or your private health insurance for the cancellation fee.

### Therapy contract

Typically the first one to four sessions comprise an assessment period to clarify the nature of the problem and the work required. Then, together, we discuss what is required and enter into a joint agreement regarding the frequency of sessions, the likely duration of the therapy, and the nature of the work. This comprises the therapeutic contract.

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I \_\_\_\_\_ (please \_\_\_\_\_ print \_\_\_\_\_ name)

Have read and understood the above consent form. I agree to these conditions for the psychological services provided by Jozay Longden, Clinical Psychologist.

Signed \_\_\_\_\_

Date \_\_\_\_\_