**Consent Form** Dr Jonathan Saville – Psychologist

B Soc Sc (Psychology) (Honours), B App Sc (Chiropractic)

Member Australian Association of Psychologists Inc.

Registered with the Psychology Board of Australia No. PSY0001621898

**(03) 9188 4265**

Psychological Service

As part of providing a psychological service *(e.g. counselling, CBT)* to you, Jonathan 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. You do not have to give all your personal information, but if you don’t, this may mean the psychological service may not be able to be provided to you. **Please note that Jonathan does not provide counselling services covered by WorkCover or TAC.**

# Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis, and treatment of a client’s condition, and is seen only by Jonathan. The information is retained in order to document what happens during sessions and enables Jonathan to provide a relevant and informed psychological service. **Please note that Jonathan does not provide reports for medicolegal purposes.**

**Access to Client Information**

At any stage you as a client are entitled to access to the information about you kept on file unless the relevant legislation provides otherwise. Jonathan may discuss with you appropriate forms of access.

# Confidentiality

All personal information gathered by Jonathan 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
   1. provide a written report to another professional or agency. e.g., a GP or a lawyer; or
   2. discuss the material with another person, e.g., a parent or employer,

or if disclosure is otherwise required or authorised by law.

# Fees

The fee for a 60-minute consultation is $215, which is payable at the end of the session*.*

# Cancellation Policy

If, for some reason you need to cancel or postpone your appointment, please give at least 2 days’ notice.

I, *(print name)*……………………………………………..., have read and understood the above. I agree to these conditions for the service provided. I consent to SMS and email appointment reminders.

Signature ……………………………………………… Date ……………………..

## **Please Note:** If, after reading this page you are at all unsure of what is written, please

*discuss it with Jonathan.*

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