

BALANCED

MIND • BODY • LIFE

Client Intake Form

Title (please circle): Ms Miss Mrs Mr Dr Other: _____

Name _____ **Date of Birth** _____

Home Address _____

Postal Address _____

Email Address _____

Home Telephone _____ **Mobile** _____

Emergency Contact

Name _____

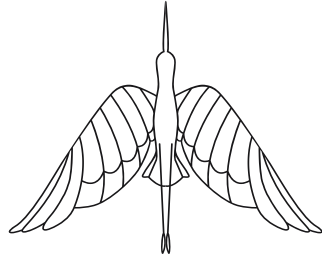
Phone number _____

Relationship to you _____

Medicare Number _____ **Position** _____ **Expiry** /

Occupation _____

Place of Employment _____



BALANCED

MIND • BODY • LIFE

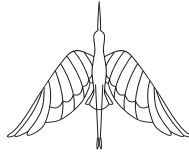
Information Release Form

Date _____

I, _____, authorise Ms Jodie Kink to discuss my treatment as needed

with the following people or organisations (e.g. GP, Psychiatrist, School, Anglicare):

Signed _____



BALANCED

MIND • BODY • LIFE

Treatment Consent Form

Conditions of Psychological Treatment

Psychological Service: As part of your psychological assessment and treatment, Ms Jodie Kink will collect and record personal information relevant to your current situation.

Access: You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6, copies of which are available on request.

Confidentiality: All personal information gathered by your psychologist remains confidential **except:**

- If your file is subpoenaed by a court; or
- Failure to disclose the information would place you or another person at risk; or
- Your prior approval has been obtained (e.g. in order to discuss your care with your GP).

Fees: The fee for a one-hour consultation is \$200. Clients on a Mental Health Care Plan are able to claim a Medicare rebate of \$124.50 for their first ten sessions each year. The rebate can be claimed at the time of consultation. If you are experiencing financial hardship, a concession rate of \$150 may be available - please discuss this with Ms Kink.

Unfortunately, ten sessions are sometimes not sufficient for the completion of a full course of psychological therapy. If your mental health condition is longstanding, complex (e.g. Anorexia Nervosa), and/or you have multiple difficulties to address, it is a good idea to discuss this at the commencement of therapy. In such cases, sessions for which the rebate is claimed can be staggered in order to spread out the out-of-pocket expense more evenly.

Cancellation of Appointments: If you are unable to attend your appointment, please call the practice on 0475 000 679 so that the appointment can be offered to a client on the waitlist. For cancellations with less than 24 hours' notice there is a fee of 50% of the appointment fee (\$100). If there have been two instances of non-attendance or repeat cancellations the practice reserves the right to not schedule any further appointments and refer you back to your GP.

Charter for Clients of Psychologists: Please review the attached page that explains your rights as the client of a psychologist.

If there is anything written on this page that you do not understand, please discuss it with Ms Kink before you sign.

Consent: I, _____, have read and understood the above Consent Form. I agree to these conditions for the psychological services provided by Ms Kink.

Signature: _____ Date _____