

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 _____

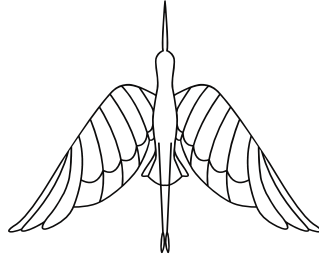
Phone number _____

Relationship to you _____

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

Occupation _____

Place of Employment _____



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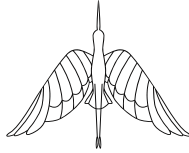
Information Release Form

Date _____

I, _____, authorise *Balanced: Mind Body Life Pty Ltd* to discuss my treatment as needed with the following people or organisations (e.g. GP, Psychiatrist,

School, Anglicare):

Signed _____



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Treatment Consent Form

Conditions of Psychological Treatment

Psychological Service: As part of your psychological assessment and treatment, *Balanced: Mind Body Life Pty Ltd* 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 \$170. If you are experiencing financial hardship or are a concession card holder, a reduced rate of \$130 may be available. Clients on a Mental Health Care Plan are able to claim a Medicare rebate for ten sessions each year. Clients who meet eligibility criteria for an Eating Disorder Treatment Plan may be able to claim up to 40 rebates per year. The Medicare rebate is \$87.45 and this can be claimed at the time of consultation.

Cancellation of Appointments: Text message reminders for appointments are sent out two days prior. 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. 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 your Psychologist before you sign.

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

Signature: _____ Date _____