REFLECTION PSYCHOLOGY
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www.reflectionpsychology.com.au

Client TAC/Work Safe Registration and Consent Form

Date: _____

Client Details:

Title: _____ First name: _____ Surname: _____

Date of Birth: _____ (DD/MM/YYYY)

Postal Address: ☐ Please tick if you do NOT wish to receive mail to this address

(Street): _____

(Suburb): _____ (State): _____(Post code):_____

Phone: Please tick the box if you do NOT wish to have messages left on your message bank

(mobile) ☐_____(home) ☐_____(work) ☐_____

Did you receive a phone call from your psychologist before today's appointment? ☐ Yes ☐ No

E-mail: (primary) _____ Occupation: _____

Claim Number: _____ Insurer:_____

Case Manager Name: _____ Phone: _____

Postal Address (Street):_____

(Suburb): _____ (State): _____(Post code):_____

Cancellation Policy:

Work safe insurers and TAC do not cover the payment of cancellation fees.

To avoid a cancellation fee, **Reflection Psychology** requires 48 hours notice (to the hour). **50% of your consultation fee** ($74) will be charged to you if less than **48 hours** notice is received and **100% of your consultation fee** ($148) will be charged to you if less than **24 hours** notice is received. This includes cancellations, rescheduling or failure to attend appointments. Amendments to appointments must be made via phone or email (not via text message). (Please note: Reflection Psychology has put in place this cancellation policy to ensure that enough time is provided to offer the appointment time to another client. If less notice is provided, other clients may miss out on obtaining the psychological services they require).

I accept that I will be charged a cancellation fee if I do not give 48 hours notice to cancel, reschedule or do not attend my appointment.

Client signature: _____ Date _____

(Signature, full name or initials accepted)

Personal and Confidential Information:

As part of providing a psychological service, Reflection Psychology 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, diagnosis and treatment that is conducted. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

All personal information gathered by the psychologist 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 or employer;

or if disclosure is otherwise required or authorised by law.

Reflection Psychology will amend personal information recorded on this form upon your written request.

Charter for Clients of Psychologists

The attached Charter explains your rights as a client of a psychologist.

I, (print name)_____have read and understood the above Confidential Client Registration and Consent Form. I agree to these conditions for the psychological service provided by Reflection Psychology.

Signature _____ Date _____

(Signature, full name or initials accepted)

How did you hear about us?

(Please select one from the drop down menu)

Please email reception@reflectionpsychology.com.au or call 03 9809 4888 if you have any questions about this form.