

Apollo Psychology Pty Ltd

482 Macauley St Albury NSW 2640
Phone 0411 157 291 Fax 02 9049 5072
www.apollopsychology.com
ABN 82736229427
Provider No. 5019731K



Consent Form

Psychological Service: As part of providing a psychological consultation and 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. You do not have to give all your personal information, but if you do not, this may mean the psychological service may not be able to be provided to you.

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 me, the psychologist. The information is retained to document what happens during sessions and enables me to provide a relevant and informed psychological service. A more detailed description is provided in the practice's "Privacy policy for management of personal information", which can be found at <https://apollopsychology.com/info/> or by contacting me directly. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

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. I may discuss appropriate forms of access with you.

Consequence of Not Providing Personal Information: If you do not wish for your personal information to be collected in a way anticipated by this letter or the Privacy Policy, I may not be able to provide the psychological service to you. You may request to be anonymous or to use a pseudonym unless it is impracticable for me to deal with you or if I am required or authorised by law to deal with identified individuals. In most cases, it will not be possible for you to be anonymous or to use a pseudonym, however if I agree to you being anonymous or using a pseudonym, you must pay consultation fees at the time of the appointment.

Confidentiality: All personal information gathered 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 health provider; or
 - c) disclose the information in another way; or
4. You would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. Disclosure is otherwise required or authorised by law.



Member
Australian
Psychological
Society MAPS

Your personal information is not disclosed to overseas recipients, unless you consent, or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

Data Collection: Data is collected during the therapeutic process and is stored in cloud-based servers. Steps are taken in line with privacy principles to ensure your information is secure, for example, by using end-to-end encryption and two-factor authentication (2FA). In the event of a serious data breach, the Office of the Australian Information Commissioner (OAIC) will be notified.

Information must be kept by the psychologist for at least 7 years after your file has been closed. In the case of children and adolescents, a file cannot be destroyed before they turn 25 years old.

Fees: The cost of a consultation is \$200, which is payable at the end of the session by cash, credit card (MasterCard and Visa). Sessions last for approximately 50 minutes. If you have a mental health care plan you are eligible for a Medicare rebate of \$92.90 per session (for up to 10 sessions in a calendar year) which can be provided at the time of payment. If you have private health insurance, you may also be eligible for a rebate. Talk to your insurance provider to find out more.

Cancellation Policy: If, for some reason you need to cancel or postpone the appointment, please give me at least 48 hours/2 days notice, otherwise you will be charged between 50 to 100% of the cost for the session.

Charter for Clients of Psychologists: The Charter explains your rights as a client of a psychologist <https://apollopsychology.com/info/>

Consent to Receive Psychological Services by Telehealth: I have been provided with information about the service including the limitations to privacy and confidentiality and I have agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me permission is provided for the psychologist to contact the following person:

Emergency contact: Phone:

I, (*print name in Block Capitals*)....., have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Paul Bizzotto.

Signature Date

Note: *If you are at all unsure of what is written, please discuss it with the psychologist. It will also be discussed at the beginning of your first session.*
