**Joanne Leidreiter**

**Registered Psychologist**

**Bipolarity Pty Ltd**

**Bipolar & Mood Disorders**

**BArts (Psych) PGDip (Prof Psych) MAPS**

**Reg No: PSY0001278816**

Medicare Provider Number: 2940302W

Suite 2201. Level 22. Westfield Tower 2.

101 Grafton St. Bondi Junction. NSW 2022

Phone (02) 8095 6442 Fax (02) 8095 6363

Patient Consent Form

Psychological Service

As part of providing a psychological service to you, I*, Joanne Leidreiter on behalf of Bipolarity Pty Ltd,* 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.

# Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client’s condition, and is seen only by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

**Consent to distribute information**

Under my legal obligations to provide services through the Medicare Better Access system to you I am required to fulfil reporting obligations to other referring health professionals and treatment providers. By ticking the below box you consent to the compiling and distributing of confidential reports on your treatment, diagnoses and progress to and from the following practioners:

🞏 General Practioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Psychiatrist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. The psychologist may discuss with you appropriate forms of access.

# Confidentiality

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
	1. provide a written report to another professional or agency. eg. a GP or a lawyer; or
	2. discuss the material with another person, eg. a parent or employer;

OR if disclosure is otherwise required or authorised by law.

# Fees

The cost of a one hour consultation is **$215.00** which is payable at the end of the session by cash, eftpos or credit card (Visa, Mastercard). We do not accept American Express or cheques. Some sessions can then be claimed for partial refund through your local Medicare office. These can be claimed for you after each session. Please discuss Medicare rebates with your therapist if you are unsure of your eligibility.

# Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please provide at least 24 hrs notice, otherwise you will be charged the full cost for the session. An SMS reminder is sent to your mobile phone 2 days before to allow you time to reschedule or cancel if required.

# Charter for Clients of Psychologists

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

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 *Joanne Leidreiter.*

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