# INTAKE FORM-CHILD

**NAME:**

**DOB:** **AGE:** **MALE/FEMALE**

**COUNTRY OF BIRTH:** **ETHNICITY:**

**PARENT 1:** **DOB:**

**ADDRESS:** **SUBURB:** **POST CODE:**

**PHONE:** **EMAIL:**

**MEDICARE NO.** **PARENT REF.** **CHILD REF.** **EXPIRY:**

**PARENT 2:** **DOB:**

**ADDRESS:** **SUBURB:** **POST CODE:**

**PHONE:** **EMAIL:**

**NO. OF MEDICARE REBATES YOUR CHILD HAS HAD THIS YEAR?**

**GP:** **ADDRESS:**

**PSYCHIATRIST:** **ADDRESS:**

**PAEDIATRICIAN:** **ADDRESS:**

**SCHOOL:** **YR:** **TEACHER:**

**MEDICAL/ALLIED HEALTH SERVICES WHO HAVE BEEN/ARE INVOLVED WITH YOUR CHILD:**

**DIAGNOSES (MEDICAL/MENTAL HEALTH):**

**ARE YOU CONCERED ABOUT YOUR CHILD IN ANY OF THE FOLLOWING AREAS?**

| | | | |
|---|---|---|---|
| ACADEMICS | YES/NO | PHYSICAL SKILLS | YES/NO |
| SELF CARE SKILLS | YES/NO | LANGUAGE SKILLS | YES/NO |
| SOCIAL RELATIONSHIPS | YES/NO | BEHAVIOUR | YES/NO |
| EMOTIONALLY | YES/NO | INATTENTION/ENERGY/IMPULSIVITY | YES/NO |

OTHER

Parent Signature: Date: Youth Signature: Date:

**P:** 1300 3666 14 **W:** www.thepsychologyhub.com.au **E:** info@thepsychologyhub.com.au
**ABN:** 26 519 219 656

# TERMS OF SERVICE

Welcome to The Psychology Hub. Our terms of service and your rights and responsibilities as the patient and/or parent in relation to information security, access and confidentiality as well as obligations regarding fees, cancellations and rebates are provided below.

## INFORMATION SECURITY AND ACCESS

**PERSONAL INFORMATION:** All information obtained during treatment is kept confidential and secure, except when:

(1) It is subpoenaed by a court;

(2) Failure to disclose the information would place the patient or another person at risk of harm;

(3) Your (parent and/or young person where appropriate) prior approval has been obtained to:

(a) provide a written report to another professional or agency—e.g. to a lawyer; or

(b) Discuss the material with another person—e.g. a parent, educator, health professional

If you claim rebates from funding bodies, doctors and health practitioners may be required to provide summary reports to referring doctors, specialists and/or agencies regarding the patient's progress. Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to.

**INFORMATION SECURITY AND ACCESS:** In the course of treatment, personal information is collected to enable treatment. All notes taken in the course of treatment and all communications relating to treatment become a part of the patient's clinical records. Clinical records are stored electronically in the patient file on Halaxy, which you consent to or as a parent or patient of this practice. You have a general right to access the patient records (subject to some exceptions which mainly relate to privacy, health, child consent or legal considerations) and a request must be made in writing. We are required to keep patient personal information for 7 years after ceasing engagement with your treating psychologist, and up to age 25 years for a young person under the age of 18.

## APPOINTMENTS, FEES AND CANCELLATIONS

**CONFIRMING APPOINTMENTS:** We endeavour to confirm appointments via SMS or email. However, it remains your responsibility to be aware of the scheduled appointments.

**TIME AND PUNCTUALITY:** A consultation will usually last 50 minutes. If you are late, the consultation will usually still finish at the scheduled time.

**CANCELLATION POLICY**: Fees are payable either using automatic payments or at the end of the appointment. To cancel or postpone an appointment we require at least 36hrs notice. Cancellations less than 36hrs notice will incur a fee of $100+GST. This fee is not claimable through Medicare or private health funds. This amount will be automatically debited from the nominated debit/credit card stored on Halaxy or an invoice will be sent via post if this has not been provided. In the unlikely event that this fee is not paid, we reserve the right to utilise a debit collection service.

## FEES, ONLINE MEDICARE CLAIMING AND AUTOMATIC PAYMENTS

**SERVICE/CONSULT FEES**: Fees are payable at the time of your appointment. Payments accepted include cash, BPAY, automatic debit of funds via Halaxy using the debit/credit card you provided.

**HALAXY PAYMENT PROCESSING FEES**: As a patient of this practice you consent to paying any Halaxy payment processing fees applicable to your service/consult.

Parent Signature: Date: Youth Signature: Date:

**AUTOMATIC PAYMENTS:** This practice now gives you the option to use Auto Payments via Halaxy to pay your appointment fees. Similar to a direct debit, your fee payments are processed automatically at the time of your appointment from the nominated credit/debit card provided by you and stored electronically on Halaxy. When payment is processed you can receive a confirmation email, in addition to the invoice from your practitioner.

**ONLINE MEDICARE REBATES CLAIMING:** This practice allows you to claim Medicare rebates instantaneously using online Medicare claiming. This means that you do not have to go to the trouble of taking your invoice to a Medicare office to claim any Medicare rebates. Instead, your health practitioner electronically submits the claim to Medicare in one click using Halaxy, and Medicare pays the rebate into your bank account (or your practitioner's bank account if it is a bulk bill or 'gap' claim).

## CONSENT

Dear parent/caregiver/primary carer/legal guardian

Working with young people presents certain issues and legislation that psychologists must adhere to. The following clarifies where our role as a Psychologist starts and ends. It also outlines our ethical and legal responsibilities with regards to working with young people.

A young person is defined as "someone under the age of 18years old". A client-parent (or parents) is "the person who engages the psychologist to provide a psychological service for a young person".

Whilst we do our best to communicate with the client-parent regarding the progress of the young person in counselling, we cannot disclose any personal information unless we gain a written consent from the client i.e. "the young person", or they are deemed too young to understand these terms, disclosure to the client parent can occur.

I give permission for (young person's name) _____ to attend ongoing appointments without my presence. I understand that I will still be required to be available via preferred mobile/telephone number and/or email for communication about their treatment and progress with treatment.

**CONSENT TO SHARING INFORMATION**: Permission is given for _____ to obtain and exchange appropriate written or verbal information with the following persons/agencies: Referrer ☐ Psychiatrist ☐ GP ☐ Paediatrician ☐ School ☐
Other _____
Permission is given until I withdraw my authority in writing or for the following period from the date of this authority: In writing ☐ 1 year ☐ Other ☐ _____

*By signing this form, I declare that the information is true and correct. I acknowledge that I have read and understood the terms and conditions. I authorize Halaxy Pty Ltd ABN: 62 131 908 597 to store my debit/credit card and debit payments from my nominated debit/credit card stored on Halaxy when I have/cancel an appointment or are provided with a service from The Psychology Hub. I acknowledge Halaxy will appear on my bank statement. I understand I am personally liable for fees if a third party funder I intended to use informs us/you they will not cover the service fees. I understand that Halaxy Pty Ltd Terms and Conditions can be found on their website or that I can request a copy*

Parent Name: Signature: Date:

Young Person's Name: Signature: Date: