



**Nurturing
Mother**
PERINATAL PSYCHOLOGY SERVICES

Client Details

Please complete this form before your first appointment

Surname First Name DOB
Home Address Postcode
Home Phone Mob Phone Other
Email address
Postal Address (If different from above)
Next of kin (In emergency) Relationship
Contact Phone

Medicare Health Plan No: Completed by GP? Yes Date

Please bring a copy of this Plan to your first appointment

Medicare No Card Reference No Expiry
Name of GP Phone No
Address Postcode

Private Health Fund Yes Name



Client Agreement and Services Contract

This document contains important information about my professional services and practice policies. This document will advise you of what to expect. When you sign this document, it will represent an agreement between us.

I utilise evidence-based therapies and will also regularly elicit feedback from you that we are addressing the issues that brought you to therapy. I may also use assessments that measure symptoms (e.g. of depression). Results from these assessments will help us develop a treatment plan that will meet your needs in as time efficient way as possible.

Confidentiality

As part of providing a psychological service to you, I need to collect and record personal information that is relevant to your situation, such as your name, contact information, medical history and other relevant information.

The collection of personal information enables me to provide a relevant and informed psychological service to you. For more information, please refer to “Privacy policy for management of personal information” on the Nurturing Mother website.

The ethical principles that guide the practice of psychology protect the privacy of all communications between a client and a psychologist. All client information is subject to privacy laws. Thus, information about your interaction with myself can only be released to others with your written consent. However, there are a few exceptions. In legal proceedings files can be subpoenaed for the purpose of a court case. There are also situations where the psychologist has a legal obligation to take action to protect others from harm, even if information about your treatment is revealed. Likewise, if a client threatens to inflict self-harm, I have a duty of care to assess risk and if necessary notify next of kin or other parties. I am also subject to laws regarding mandated reporting.

Reporting is required by Medicare for the psychologist to write to the GP regularly and clients have to attend their GP for reviews so as to maintain the GP approval for psychological therapy. The signing of a mental health care plan with your GP indicates that you are giving informed consent for me to correspond with your GP regarding treatment. Written reports to other parties will require your written consent.

Please note: Documentation for Court Matters are not provided at this practice



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Fees

The recommended fee set by the Australian Psychological Society is \$246 for a standard consultation. In this practice the fee is \$220 for a home visit payable at the time for a 60 minute consultation. For a consultation in my Mount Hawthorn practice, the fee is \$200. Payment options include cash or automatic credit card debit. All phone calls, reports and information sheets are free of charge.

Rebates

Clients who have a Mental Health Care Plan and are referred by a doctor are able to claim a Medicare rebate for up to 10 consultations in a calendar year (Jan-Dec). Please be aware that reports are required as part of the Medicare system. The rebate for a home visit is \$148 and the rebate for a office consultation is \$126.50. Please bring your Mental Health Plan with you.

If you have private health cover, you may be eligible for a rebate, however you cannot claim from both Medicare and your Health Fund at the same time. Contact your fund for information

Appointments

SMS reminders of your booked appointment time will be sent 2 days prior to your session. Please reply with 'Y' for appointment confirmation and 'N' if you cannot attend, so I can allocate your time to another client.

Once an appointment is scheduled, you are responsible for payment of a cancellation fee (50%) of the service fee unless twenty-four (24) hours of advance notice of cancellation is given.

Consent for Treatment and Payment

I have read a copy of the fee agreement and fully understand the expectations for payment. I consent to receive psychological services.

Important: If after reading this document you require clarification of any of the material, please discuss this with me prior to signing below.



0411 597 875



juliana@nurturingmother.com.au



nurturingmother.com.au





I, (print name in Block Capitals)

Have read and understood the above and agree to these conditions of service.

Signature

Date

I hereby Authorise Juliana Gavranich to:

To obtain and release information pertaining to me, to assist in my treatment

ONLY liaise with my treating practitioner

Signature

Date

Authority to Obtain & Release Information

I _____ hereby authorise Juliana Gavranich to obtain relevant information from and release relevant information to the following in relation to my condition, history and treatment.

1.

2.

3.

Signature

Date



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