



Mosman Parent & Child

INFORMATION FORM & PAYMENT AGREEMENT

ADULT

Today's date: ____ / ____ / ____

Full Name: _____

Age: _____ Date of Birth: ____ / ____ / ____ Marital Status: _____

Address: _____

Home Phone no.: _____ Mobile no.: _____

Work Phone no.: _____

Family Doctor: _____ Phone no.: _____

Referred by: _____ Phone no.: _____

Name of Private Health Fund (if applicable): _____

If I need to reach you, what numbers/places do I have your permission to use?

Home: Work: Mobile: Other:

Emergency Contact Person: _____

Relationship to you: _____

Work Phone no.: _____ Home Phone no.: _____



Mosman Parent & Child

PRIMARY CONCERN: _____

MEDICATIONS (if applicable):

What would you like the outcomes of treatment to be for you? _____



Mosman Parent & Child

Payment Method:

Cash payment only is accepted for the Initial Consultation.

Please indicate the preferred method(s) for making subsequent payments:

Cash:

Cheque: (made payable to Mosman Parent & Child)

Credit: (Visa, Mastercard or Bankcard only)

Eftpos: (Cheque or savings facility)

Declaration:

By signing below, I affirm that I have read and understood all of the above provisions. I agree to be responsible for all charges to my account as outlined above.

Signature of Responsible Party

Name (Print)

Date



Mosman Parent & Child

FEES

The fee quoted to you for an initial consultation is required to be paid in **CASH on the day of the initial consultation**.

The length of the initial consultation is approx. 60 minutes (but can vary). Subsequent individual appointments are charged at the 50 minute rate, unless by prior agreement. Family Therapy appointments are charged at the 60 minute rate.

During the initial consultation the psychologist and yourself (the client) together will agree on the frequency of future visits. Longer visits may be scheduled at times, and will be charged at the psychologist's hourly rate.

Invoices are usually provided at each session – with payment for each session due at the end of every session. Ongoing clients may be offered monthly accounts.

You are responsible for any collection fees, attorney's fees and court costs involved in the collection of delinquent payment of fees.

CANCELLATIONS & MISSED APPOINTMENTS

In agreeing to see you, I am reserving a block of time and setting that block aside solely for your use. It is therefore time that cannot be made available for any other purpose without sufficient notice. It is understood, however, that emergencies can arise that may prevent you from keeping your appointment(s). An attempt is made therefore to balance your needs and mine in the following fashion:

If you give **24hour notice** of your intention not to use one of your appointments, you will not be charged for the time. With such notice, I can make alternative plans. If you fail to provide a 24hour notice, regardless of the reason for the absence, then you will be charged for the scheduled time, at the usual rate for the time allocated.

CONFIDENTIALITY

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at 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 GP; an employer or other professional.