



Mosman Parent & Child

INFORMATION FORM & PAYMENT AGREEMENT

CHILD & ADOLESCENT

(To be completed by Parents or Legal Guardian)

Today's date: ____ / ____ / ____

Child's Full Name: _____

Age: _____ Date of Birth: ____ / ____ / ____ Male: Female:

Present School: _____ Grade: _____

Teacher: _____ School Counsellor: _____

Family Doctor: _____ Phone no.: _____

Referred by: _____ Phone no.: _____

This child is in Legal Custody of: _____

This child lives with: _____

Relationship to child: _____

Home address of child: _____

Home Phone no.: () _____ Daytime Phone no.: () _____

Mobile Phone no: _____

Child's Natural Parents are:

Living together:

Separated:

Divorced:

Father Deceased:

Mother Deceased:

Father Remarried:

Mother Remarried:



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Natural Father's Full Name: _____

Address (if different): _____

Natural Mother's Full Name: _____

Address (if different): _____

Stepfather's Full Name: _____

Address: _____

Stepmother's Full Name: _____

Address: _____

Father's Work Phone no.: _____ Mother's Work Phone no.: _____

Stepfather's Work Phone: _____ Stepmother's Work Phone: _____

Siblings:

Name: _____

Name: _____

Name: _____

Age: _____

Age: _____

Age: _____

D.o.B: _____

D.o.B: _____

D.o.B: _____

Brief Statement of Concern: _____

Name + Relationship of person completing form: _____



Mosman Parent & Child

Person Responsible for Payment:

Name: _____

Home Phone no.: () _____ Mobile Phone no.: _____

Work Phone no.: () _____

Employer: _____

Work Address: _____

Name of Private Health Fund (if applicable): _____

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 child's account as outlined above.

Signature of Responsible Party

Name (Print)

Date



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FEES

The fee 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 (this 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. Assessments are charged according to the tests utilised. Full payment for assessments is due at the Feedback Session.

During the initial consultation the child's parent/ legal guardian and psychologist together will agree on the frequency of future visits. Longer visits may be scheduled at times, and will be charged at the therapist's hourly rate.

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 your child/ family, I am reserving a block of time and setting that block aside solely for his/her use. It is therefore time that cannot be made available for any other purpose without sufficient notice. It understood, however, that emergencies can arise that may prevent you from keeping your/ child's 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.

Please note that for scheduled assessment times, the late cancellation fee is charged at the 60minute rate. Note also that lateness of thirty minutes or more for an assessment cannot usually be accommodated, and may result in a late cancellation fee and the appointment needing to be rescheduled.

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; school or a lawyer; or
 - b) discuss the material with another person. eg. a teacher or other professional.