

Consent to Treatment

I (or a family member) am seeking psychological services with Dawson Cooke. Services may include assessment, identifying treatment goals, and ongoing intervention, or referral. I understand that at any time I can choose to continue or discontinue accessing the services that are offered.

I understand that any information gained within the therapeutic relationship will be **confidential** and will not be released without my consent. The bounds of confidentiality do not extend to situations of harm to self or others or where clinical records are called for court purposes. Where a referral comes from a medical practitioner, information regarding the nature of the therapeutic work will be provided to the medical practitioner.

Every effort is made to ensure the security and confidentiality of online video or phone calls – however this cannot be guaranteed under all circumstances.

I understand that developing therapeutic goals with Dawson and regularly reviewing our work toward meeting the goals are in my best interest. I am prepared to play an active role in this process. I understand that no promises have been made to me as to the results of the services provided by this therapist.

Consultation fees in this practice are set below the recommended fee schedule provided by the Australian Psychological Society. Private Health Insurance rebates are available through your provider and Medicare rebates are available with a GP referral – otherwise a full fee applies. Payment is required at the time of the appointment - or for online sessions please arrange to prepay by internet banking transfer or by providing credit card details.

I know that I am required to contact Dawson to cancel an appointment if unable to attend. If I do not cancel within 48hrs or do not attend an appointment, a cancellation / non-attendance fee will be charged for that appointment (less than 24hrs notice or no notice = \$120, 24–48hrs notice = \$60). If I choose to disengage from the therapeutic relationship, the only thing I will still be responsible for is paying for the services I have already received.

Text message reminder: A text message reminder will be sent 2 days before your appointment at 8.30am. Please respond with 'yes' to confirm appointment or contact me to cancel/reschedule prior to 48hrs before your scheduled appointment time.

I am aware that an agent of my Insurance Company or other third-party payer may be given information about the type(s), costs(s), dates(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, Dawson may discontinue providing psychological services.

My signature below shows that I understand and agree with the statements above.

Please PRINT name: _____

Signature

Date

(Child/Partner Name if applicable)

I, Dawson Cooke, have offered the client (and/or his or her parent, guardian, or other representative) an opportunity to read and discuss the statements listed above. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date