



MAAPI
Member
Australian
Association of
Psychologists Inc

Rachel Williams Psychologist

Sherwood Neighbourhood Centre
38 Thallon Street, Sherwood Q 4075
rachel@rachelwilliams.com.au
Medicare Provider # 4813613L

Psychological Service

As part of providing a psychological service to you, *Rachel Williams* will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you.

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the client's condition, and is only seen by the psychologist. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

Access to Client Information

At any stage you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. The psychologist may discuss with you appropriate forms of access.

Confidentiality

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

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent 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 parent or employer; or if disclosure is otherwise required or authorised by law
4. Required for supervision and professional development purposes;
5. Reviewed for auditing purposes.

Fees

The cost of your initial consultation is \$230 and subsequent consultations are \$190, payable at the end of the session by cash or card. I have a HICAPS machine which does private health and Medicare rebates.

Cancellation Policy

*If, for some reason you need to cancel or postpone the appointment, please give me at least **24 hours notice**, otherwise you **will be charged the cost for the session.***

Charter for Clients of Psychologists

Please refer to the [Australian Psychological Society Charter for Clients](#) which explains your rights as a client of a psychologist. A copy is available for your perusal in my office.

I, _____, have read and understood the above consent form. I agree to these conditions for the psychological service provided by *Rachel Williams*.

Signature _____ Date _____

Please Note: *If, after reading this page you are at all unsure of what is written, please discuss it with the psychologist.*



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Name: _____

Address: _____

Street Address

Suburb

State

Postcode

Home Phone: _____ OK to contact? Y/N Leave message? Y/N

Mobile Phone: _____ OK to contact? Y/N Leave message? Y/N

Email Address: _____ To send you homework and relevant internet links

Preferred Contact Method: home phone ☐ mobile phone ☐ text mobile ☐ email ☐

Date of Birth: _____ Marital Status: _____

Doctor/GP: _____ Phone number (if known): _____

I, _____ hereby authorise Rachel Williams to:

1. Obtain information from my Doctor/General Practitioner
2. Provide information to my Doctor/General Practitioner (discuss or provide reports/clinical notes)

Signature: _____ Date: _____

Referral Source:

GP under Mental Health Care Plan/Non directive Pregnancy Support ☐

Workcover ☐

Self-referred ☐

Other ☐

Reason for Referral:

Please briefly describe what brings you here

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. About how often did you feel tired out for no good reason?					
2. About how often did you feel nervous?					
3. About how often did you feel so nervous that nothing could calm you down?					
4. About how often did you feel hopeless?					
5. About how often did you feel restless or fidgety?					
6. About how often did you feel so restless you could not sit still?					
7. About how often did you feel depressed?					
8. About how often did you feel that everything is an effort?					
9. About how often did you feel so sad that nothing could cheer you up?					
10. About how often did you feel worthless?					