

REGISTRATION AND CONSENT FORM

Personal details

First name..... Surname.....
Preferred name..... Date of Birth.....
Street address.....
Suburb..... Postcode.....
Mobile number.....
Email

Emergency contact details

Name.....Relationship.....
Mobile number.....

Details needed to process Medicare rebate

Medicare number (10 digits) Ref..... Expiry.....
Name on bank account

Bank account BSB..... Account number.....

**Please ensure your address above is identical to the address you have registered with Medicare, or your rebate may be rejected*

Consent for a psychological telehealth service

In providing a professional service, Elke Ponczek needs to collect and record personal information that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted. A detailed description of how your personal information is managed, how you can access your personal information, and how to lodge any concerns or complaints about this service must be provided to you by your health professional on request.

Disclosure of personal information

Personal information gathered as part of this service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
 - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
 - b) discuss the material with another person, e.g. a parent, employer or health provider; or
 - c) disclose the information in another way; or
4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. Disclosure is otherwise required or authorised by law.

Provision of a telehealth service

Where appropriate the service may be provided by telephone or videoconferencing. You are responsible for the costs associated with setting up the technology needed so you can access telehealth services. Elke Ponczek will be responsible for the cost of the call to you and the cost associated with the platform used to conduct telehealth services.

To access telehealth consultations you will need access to a quiet, private space; and the appropriate device, i.e. smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable broadband internet connection. The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used.

Limitations of telehealth

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist will consider and discuss with you the appropriateness of ongoing telehealth sessions.

Fees

The cost of a **50 minute consultation is \$185**, which is payable at the end of the session by direct deposit or credit card. Your psychologist will discuss with you your eligibility for Medicare or other compensable funding.

Cancellation Policy

If you need to cancel or postpone your appointment, please give the psychologist at least **48 hours' notice** otherwise you will be charged a **cancellation fee of \$90**.

Consent to receive psychological services by telehealth

I, (print your name in Block Capitals)....., have read and understood the information in this registration and consent form and have discussed any outstanding questions with the psychologist. I agree to the above conditions for telehealth psychological services to be provided by Elke Ponczek.

Client signature Date/...../.....

OR where signature is not possible psychologist's confirmation of verbal consent:

I have discussed the information in this consent form with the client and received verbal consent to proceed with telehealth services.

Psychologist signature Date/...../.....