



READ CLINIC CLIENT AGREEMENT

Thank you for choosing to attend one of the most well recognised psychological services on the Central Coast.



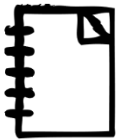
WHAT YOU CAN EXPECT FROM YOUR JOURNEY WITH US

Your first appointment at the READ Clinic will be **50 minutes**. Please arrive 20-30mins before this appointment as you will be given a set of paperwork and questionnaires to complete. This paperwork should take you approximately 30 minutes to complete. This may include the *Privacy Consent Form* as well as a *Background Information Sheet*; with one or two psychological questionnaires.



FOLLOW UP CONSULTATION

Follow up consultations are 50 mins in duration (in some instances, a psychologist may see you for a half hour consultation). It is recommended you book several follow up appointment in order to ensure consistent treatment and prevent large gaps in between sessions.



REPORTS AND ADDITIONAL SERVICES

Please note that additional charges may apply for reports, letters, phone calls and psychometric questionnaires and testing.



WAITING LIST

Due to a high demand there will be times when you require an appointment with your psychologist, but they may not have any immediate appointments available. To assist you in obtaining an appointment, you may be placed on the psychologists Waiting List for the opportunity of an appointment if one arises. Please feel free to call and check on appointment availability at any time.



HOW MANY SESSIONS WILL I NEED?

The number of sessions you require depends on many factors. Your psychologist will advise you on the best-practice treatment recommendations for your situation. However, please be aware that certain programs carry restrictions on the number of sessions that are part or fully funded, including Employee Assistance Programs, Mental Health Care Plans and Workers Compensation claims. Please ensure you discuss this with your psychologist.



READ CLINIC WEBSITE

Additional information on our team of psychologists, group programs and other services is available on the READ Clinic's Website: www.thereadclinic.com. The website was launched in celebration of the READ Clinic's 30th year supporting children and families on the Central Coast.



CANCELLATION AND DEPOSIT POLICY – We understand that sometimes it might be necessary to change or cancel an appointment. It is a policy of the clinic that at least **48 hours** notice is given to avoid your deposit being forfeited (regardless of illness/work changes etc). It is also a policy of the clinic that appointments can only be made if an active deposit is in place. Administration fees and charges apply to all deposits held by the clinic.



SUPERVISION OF CHILDREN – Whilst every effort is made by our staff to provide a safe and positive environment for all children attending the READ Clinic, please note ultimately the responsibility of the child’s welfare lies with the parent and or guardian of the child/children attending. If the parent/s are required in session, possibly bring an additional adult to supervise your child/children while you are not present.



CLIENT AGREEMENT – The READ Clinic is bound by The Privacy Amendment (Private Sector) Act 2000, which concerns the protection of your personal information. It includes the following components:

1. **Collection of Information** – The READ Clinic will need to collect and record personal information from you that is relevant to your situation. This information will be a necessary part of the psychological or consulting services provided to you.
2. **Access to file notes** – You may obtain a photocopy of the material within the limits of copyright and appropriate psychological practices. Costs may be incurred.
3. **Confidentiality** – All personal information gathered by The READ Clinic will remain confidential except when:
 - ❖ It is a legal requirement to disclose information; or
 - ❖ Failure to disclose information would place you or another person at risk; or
 - ❖ Your written consent has been obtained to release the information to another person or agency.

Please tick each box to indicate you have read and understood each section

- | | | |
|--|---|--|
| <input type="checkbox"/> What you can expect | <input type="checkbox"/> How many sessions? | <input type="checkbox"/> Client Agreement |
| <input type="checkbox"/> Follow up consultations | <input type="checkbox"/> Website | <input type="checkbox"/> Collection of information |
| <input type="checkbox"/> Reports and additional services | <input type="checkbox"/> Cancellations & Deposits | <input type="checkbox"/> Access to file notes |
| <input type="checkbox"/> Waiting List | <input type="checkbox"/> Supervision of Children | <input type="checkbox"/> Confidentiality |

I, (insert name) have read and understand this Client Agreement and agree to the terms detailed.

Signature : _____ Date : _____

I, parent/guardian of(insert child’s name) have read and understand this Client Agreement and agree to the terms detailed.

Signature : _____ Date : _____

If you have any questions about the content of this form, please discuss with your treating psychologist.