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INFORMED CONSENT

Thank you for booking your appointment with me. I am registered with the Psychology Board of Australia, through the Australian Health Practitioners' Regulation Agency (AHPRA). Before working together, you will need to provide your consent to the policies and conditions described in this document. Please, therefore, read this document carefully. If, after reading, you are unsure of any aspect of this document's content, or if you have any questions, please discuss these with me. If you feel unable to consent to any one of the policies and procedures, please let me know and I will make every effort to address your concerns.

Rebates

I am registered with Medicare and with private health insurance providers, which means that if you attend a session under a GP-generated Mental Health Care Plan or you have private health insurance 'extras' cover, you may be eligible for a rebate against the fees charged. The amount of the private health fund rebate varies between insurance providers -you will need to check your cover with your health fund. If you are attending through a referral via your GP and have a Mental Health Care Plan, you will be able to claim a rebate of \$126.50 per one-hour session, up to a maximum of 10 sessions per calendar year. You can claim the rebate directly at the time of the consultation, or through your local Medicare office, or online, after full payment has been made for the session.

Australian Privacy Principles (APP)

These principles apply when personal information (information about any person which could be used to identify them) under the Privacy Act of Australia, which has just been amended. This act governs the handling, holding, correction, and accessing of your personal information. Clients are encouraged to make complaints about any breaches of the APP which they believe has occurred. All complaints will be handled respectfully. You may also lodge a complaint relating to a breach of an APP through the Office of the Australian Information Commissioner (OAIC), who will take appropriate action to resolve the complaint.

Collection of personal information

As part of providing a psychological service to you, I will need to record and collect personal information about you that is relevant to your situation. This information is kept securely and used only by me unless consent is provided by you to share this information. Inactive files are stored securely in digital format. After seven years, all data in clinical

files is destroyed in a confidential service. Please let me know if you do not wish me to record any personal information.

You may access the information in your file in my presence with appropriate notice. This allows for clarification or correction of information within it. Files may not be removed from my offices. This minimises the risk of misunderstanding or distress related to the material and allows the identity of any third party to be protected as necessary. Access to your file may be refused if doing so could result in a serious threat to the life, health, or safety of an individual or the public. Reasons for withholding access to your information must be given to you in writing.

Confidentiality

Clients may use a pseudonym or other name when giving me information about their situation, unless the law, or a court order requires accurate identification. No personal information gathered during the provision of the psychological service will be disclosed except when (1) it is subpoenaed by a court or disclosure is required by law; (2) failure to disclose the information would, in my reasonable belief, place you or another person, or the public, at risk of harm to life, health or safety; or (3) your prior approval has been obtained to provide a written report to another professional or agency, e.g., a medical doctor or lawyer, or to discuss the material with another person, e.g., your parent, partner or employer.

Ongoing professional development and regular clinical peer supervision is a requirement for psychologists to continue to practice. This means that your situation may be discussed to ensure appropriate treatment is being provided. In this situation, personal details will be protected by either the use of a pseudonym, and/or changing the personal details provided. All psychologists engaged in such supervision are also bound by the Privacy Act and the Psychologist's Code of Ethics. However, please let me know if you do not want any details of your treatment discussed during such supervision.

Scheduling errors

If I make a scheduling error whereby you arrive on time for your appointment and I am unable to see you, you will not be charged for the session and you will either receive a 50% discount on the consultation fee applicable to your next session, or, if under a Medicare referral, be charged only the scheduled rebate at your next session.

Cancellation policy

If you need to cancel or postpone your appointment, at least 2 business days' notice is required. This allows me time to offer the appointment to others. This notice period excludes weekends and public holidays. For example, if your appointment is booked for a Saturday and you give notice earlier than 5.00pm on the preceding Wednesday, assuming there are no public holidays in this time, no cancellation fee will be charged. Cancellation fees are as follows:

Cancellation fees:

Cancelled by 5.00PM 2 business days before or earlier	No cancellation fee
Cancelled by 5.00PM 1 business day before	\$20.00
Cancelled by 5.00PM on day before	\$40.00
Cancelled or fail to attend on appointment day	\$60.00

All cancellation fees will be charged on the day incurred and the receipt for the fee plus a copy of the credit card charge slip will be either mailed to you or given to you at your next appointment. You will be asked to complete a Cancellation Fee Charge Authorisation prior to your first appointment nominating the credit card to be used for this purpose. Please contact me via the mobile telephone number above to change or cancel appointments. Texting is preferred as I may be consulting. I will respond at the earliest opportunity.

Emergencies

I am unable to offer emergency or 'out of hours' response. In the event of an emergency please contact: LifeLine 13 11 14, MensLine 1300 78 99 78, or your local doctor, hospital emergency service, or other emergency agencies.

A copy of this information will be provided to you.

Consent Authorisation

I, (print name in BLOCK CAPITALS)....., have read and fully understood the information in this Informed Consent document.

I agree to Dr Trish Melzer collecting my personal information for the purposes of providing me with psychological services.

I consent to the discussion of my case for the purposes of clinical supervision.

I agree to adhere to the cancellation policy as detailed above.

Signature

Date.....
