

Fees, Cancellation & No Show Policy



Your appointment is very important. We understand that sometimes schedule adjustments are necessary. Therefore, we respectfully request at least 48 hours' notice prior to your scheduled appointment time for cancellations or rescheduling of appointments. Please notify us by e-mail if you need to make changes to your appointment.

ALL NO-SHOWS AND ANY APPOINTMENTS CANCELLED, RESCHEDULED, OR CHANGED WITHOUT 48 HOURS' NOTICE WILL BE BILLED THE CANCELLATION FEE.

Consultation Costs: Fees depend on how long and where the appointment is. You can pay by cash or EFTPOS at the end of your session.

Please note: No change is available for cash. Please bring correct money.

Medicare Rebate: If you have a mental health care plan from your doctor, psychiatrist, or pediatrician, you may get a Medicare rebate. By signing this consent, you allow us to claim the Medicare part of your payment.

Cancellation Policy

Fee Information: Full fee list is available by request or on the website.

Canceling Appointments: Please give us at least 48 hours' (2 business days) notice if you need to cancel. If you cancel with less than 48 hours' notice or don't show up, you will be charged the full fee.

Outstanding Fees: You must pay any unpaid fees before booking more sessions. If you miss two appointments without notice, future appointments will be canceled, and you will need approval to book again.

NDIS as per service agreement.

Cancellation Fees

- Cancel more than 48 hours (2 business days) before: No Charge
- Cancel between 24-48 hours (2 business days) before: Full Fee * Exceptions may apply in special circumstances
- Less than 24 hours or No-show without notice: Full Fee * Exceptions may apply in special circumstances

Please keep in mind that Medicare/ Insurance does not reimburse for missed appointments; therefore, you will be responsible for the full payment of the appointment fee.

Please remember that it is your responsibility to remember your appointment dates and times in order to prevent any missed appointments which result in a cancellation fee. Not receiving an electronic notification of your appointments from us is not sufficient reason to miss an appointment.

Alternatives to Cancellation

To accommodate our clients' needs and preferences, we may be able to offer alternative options to in-person appointments, depending on your individual circumstances, including telehealth or report writing/information gathering.

Late Arrival Policy

All appointments begin and end on time in order to maintain our schedule. If the therapy does not start on time due to client tardiness, the therapy time will be reduced accordingly and you will still be required to pay full fee. If a client is more than 15 minutes late, the appointment will be considered a cancellation.

Appointment Reminder and Confirmation

All clients are required to CONFIRM VIA SMS OR VERBALLY before their scheduled appointment 48 hours (or 2 business days) prior to their appointment OR your appointment will be RE-ALLOCATED to someone on our wait list.

Please Initial and date to indicate document has been read and reviewed _____

Consent and Confidentiality



This informed consent document is intended to provide general information about the services provided by Wide Bay Psychology. Please read it carefully before signing.

Practice Policy

The clinic does not conduct family assessments or provide court reports for the Family Court of Australia or other family dispute matters. Wide Bay Psychology is not able to provide services to:

- Walk-in, crisis or emergency services; Medico-legal, worker's compensation, family court, or other legal matters; Clients currently in court proceedings or about to go to court; Criminal-related behaviours or concerns; High risk of suicidality or self-harm.; High risk of violence to self or others; Current psychotic behaviours; Serious and chronic substance abuse, addiction or gambling difficulties.

Privacy & Confidentiality Information

At our clinic, we take your privacy seriously. Our psychologist follow strict rules to keep your information private. Here's what you need to know:

1. Confidentiality: Your therapy sessions are private. We won't share what you talk about unless:

- You give us permission.
- We need to share information to keep you or someone else safe.
- A court orders us to share information.
- The law requires us to share information.

2. Young People: We respect the privacy of young clients. We encourage them to talk to their parents, but we only share information with parents if there's a safety concern. Parents must give consent for us to share information with other professionals like doctors or teachers.

3. Information Sharing: We may need to share your diagnosis and treatment details with your doctor to ensure you get the best care. We will talk to you about this first. We will write back to referring doctors.

4. Your Rights: You have rights over your personal information. We need your consent to collect and use your details. You can ask to see the information we have about you, but there are some exceptions to protect you.

5. Why We Collect Information: We collect your information to:

- Understand and treat your health needs.
- Manage our clinic operations.
- Handle billing and insurance matters.
- Share with other healthcare providers involved in your care, if necessary.

6. Release of Information: To share your information with others, like writing a report or talking to someone else about your care, you must fill out a Release of Information Form.

Remember, your information is kept safe and private, and we only share it when absolutely necessary. If you have any questions about your privacy or how we use your information, please ask us.

After-Hour Concerns & Emergencies

Wide Bay Psychology does not offer emergency support or crisis counselling.

For Crisis Support: 000 Emergency Always call 000 if it is an emergency. Contact 13 MH CALL (1300 642 255), a confidential health telephone triage service that provides a first point of contact to public mental health services.

Communication

By signing the Informed Consent for Counseling and Psychotherapy document, you are consenting for Wide Bay Psychology to communicate with you by phone, e-mail, and at the address provided on your client intake form. You agree to notify us if you need to opt out of any form of communication.

Please Initial and date to indicate document has been read and reviewed _____

Consent and Confidentiality



Phone Calls

Wide Bay Psychology is not a crisis service. Our psychologists try to respond to phone calls and emails as quickly as possible, but response times depend on their availability. We encourage clients to use email for communication. Sometimes, we may not be able to reply on the same day. If you need urgent help, please contact your local GP or the Wide Bay Mental Health Service.

Report Writing & Letters:

If you require a report/letter to be provided by your practitioner, this will involve an additional cost and should be discussed with your practitioner. Report writing is billed at an hourly rate.

Technology

The use of AI tools is aligned with the Psychology Board of Australia Code of Ethics and the Australian Psychological Society (APS) Code of Ethics. At Wide Bay Psychology, our goal is to deliver the highest standard of care by continually exploring innovative strategies to enhance provider-patient interactions. To achieve this, we have implemented the use of online tools that can help summarise conversations during appointments. This allows providers to concentrate more on the patient without the distraction of extensive typing and computer documentation. Software assists psychologists by minimising the need for note-taking during sessions, allowing them to be more present and engaged in session activities. It generates a written summary of each session, which the provider reviews and signs. Operating discreetly in the background. The software adheres to the Australian Privacy Principles, the Privacy Act, and the Health Insurance Portability and Accountability Act (HIPAA), with client notes and report templates securely encrypted both at rest and in transit.

Your Rights

Wide Bay Psychology follow strict ethical guidelines to ensure you are treated with respect, no matter your background or beliefs. We clearly explain our services, including how we work and estimated time frames. You can ask questions about the service at any time. If you are not satisfied with our services, please let us know. If the issue isn't resolved, you can contact the Office of the Health Ombudsman at www.oho.qld.gov.au.

Patient's and/or Parent's Acknowledgement

I have read this form and understood why collecting information about me or my child is necessary. I am also aware that Wide Bay Psychology has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me. I also understand that failure to provide the treating psychologist with all the information they needs may restrict their ability to provide the quality of treatment and service.

I am aware that I have the right to access the information collected about me or my child, except in some circumstances where access might be legitimately be withheld.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure about which I notify this practice now or at any future time.

I agree to the above conditions for the provision of psychological services by Wide Bay Psychology.

As the parent or carer, I agree to service provision under these terms and conditions on behalf of my child. I acknowledge that before signing this form a member of the staff of Wide Bay Psychology has at my request, clarified any aspects of it that I did not at first understand

I have read and understood Consent Information. I agree to the conditions for the psychological service provided by Wide Bay Psychology.

Name Printed

Signature

Date