Learning CURVES PSYCHOLOGICAL CONSULTANCY

ABN 70 365 697 762

Robert M. Curtis & Associates
Psychologist Registration No.
Mail: PO Box 812, Taree NSW 2430
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Service Consent Agreement V2/2024 July: Information Management

NAME: **DOB:** **Ref:**

Privacy & Client Rights

As part of providing the psychological services to you, **Robert M. Curtis & Associates** will need to collect and record contact, billing and personal information relevant to your current situation, including any arising incident reporting. This information is stored securely, held for at least 7 years, and will be a necessary part of the psychological assessment and treatment/ care that is conducted. Information is stored both electronically & in paper form. You have the right to have explained, refuse and be part of any decisions made in tailoring your service.

- The Charter for Clients of Psychologists explains your rights as a client. You can ask for our Feedback Form or download forms from our website. In most cases it is best to try and first resolve concerns with your psychologist or lodge your complaint in writing which then activates a formal review under our guidelines.
- We endeavour to work to the highest standard with children and young people and a copy of our Child Safe Policy is displayed in our reception area and can be viewed or downloaded from our website.
- You may follow up concerns about treatment and professional behaviour by the psychologist if you feel they have not been resolved, by contacting the Australian Health Practitioner Regulation Agency (AHPRA www.ahpra.gov.au); The NDIS Complaints Commission 1800 035 544; NSW Disability Advocacy 1800 643 787
  You can locate a Disability Advocate to speak for you by visiting www.disabilityadvocacyfinder.dss.gov.au
- We will contact you if we become aware of a data breach and where there is a real risk of serious harm, we are also required under the National Data Breach scheme (NDB) to notify the OAIC. www.oiac.gov.au
- If you wish to make a complaint over a breach, contact the Office of the Australian Information Commissioner (OAIC) by phone on 1300 363 992, online at http://www.oaic.gov.au/privacy/making-a-privacy-complaint or by post to: Office of the OIAC, GPO Box 5218, Sydney, NSW 2001.
- You may access the material recorded in your file upon request to the Practice Manager/Principal Psychologist subject to the Australian Privacy Principles (APPs) and Information Privacy Principles. You may review/discuss the information on file or be provided with a copy for a cost. These requests will be responded to in writing within 21 days and appointment will be made if necessary, for clarification purposes.
- Internet and text messaging (email, SMS) may take two business days before you receive a response.
- Telehealth uses the Advanced Encryption Standard (AES) and complies with HIPPA and advice given by our professional associations, the Australian Psychological Society (APS); and AAPi

Confidentiality & Access

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

1. It is subpoenaed by a Court or is otherwise required or authorised by law.
2. Failure to disclose the information would place you or another person/child at risk; or
3. Your written approval has been obtained to
   a) Provide a written report to another professional or agency e.g. GP or lawyer; or
   b) Discuss the material with another person e.g. parent/carer or employer/nominee.
4. Where a reasonable expectation of disclosure exists: When referred by your GP under a Mental Health Care Plan, Medicare requirements mandate the Psychologist provide letters back to your referring GP.
   Other agencies, such as The Attorney General 's Victim Services; Veterans or Insurance companies may have similar service approval and reporting requirements. Requests for psychometric data will only be considered from appropriately qualified practitioners and will require a signed Exchange of Information Request form.

I give permission for Robert M. Curtis & Associates to exchange treatment information with those listed below:

1.	Contact Method:	**Release Info: YES / NO**
2.	Contact Method:	**Obtain Info: YES / NO**

I acknowledge reading the above. The opportunity was given to discuss and obtain a copy.
This consent lapses when either an Episode of Care is concluded or by contacting your practitioner.

Name/s: **Signed 1:** **Signed 2.** **Date:**

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Service Consent Agreement V2/2024-July

During an Episode of Care (EOC), payment is required at the time of treatment: No account will be sent. Telehealth (e.g., phone or video); Letters /Reports are paid prior to the service or collection. Contracting agencies are exempt from this practice but agree to pay invoices within accepted business periods.

CBA BANK DETAILS: Robert M. Curtis T/A BSB: 062-603 Account No: 10558748

Your fee: **Item No**. **EOC Est:**
Service/s Provided:
Payment method: **Your GAP Payment**: $ (Medicare rebate is $ 96.36)
Payable by: **Administration Extras:**
Consumables:
Brochures/Information Sheets Supplied: **Informed Consent Discussed: Y / N**
Fee Schedule **Witness:**

An appointment is usually 50 minutes face to face with 10 minutes note taking with the Fee set for this episode of care (EOC) (N.B. The APS recommended Fee July 2024-2025 is $311 hr but to you $196 Psychometric Assessment is $223 hr (scoring time inclusive; test protocols are extra-see Consumables).

Requested letters and reports (excluding progress letters / reports to funding third parties) will be charged at the following rates: up to 15 minutes-$60; 15-30 minutes-$120; 30-60 minutes-$200; 60-120 minutes-$300; 120 minutes or above- $450. Only Treatment Reports are GST free. **Your estimate $**

The minimum administration fee applied for archival & data retrieval after a concluded EOC is $41.40 +GST (33 pages or less). If records are provided electronically a flat fee of $41.40 applies. Extra copying ($1.40 per page if more than 33 pages +GST). Faxing ($0.50 first page; then 10c pp +GST).

( ) Initials **Where Bulk Billed you agree to assign your Medicare rebate to T/A *Learning Curves***.
( ) Initials **Reports may be delayed due to missed appointments or a loss of contact with you**.
( ) Initials **I Accept the Cancellation Policy**

Reasonable notice is regarded as 48 hours, being two working days. Weekends are not considered work-days. When appointments cannot be filled by the Practitioner then Clients will be required to pay 50% of the agreed appointment fee if less than 48 hours' notice is given and 100% of the fee if less than 24 hours notice is given. This includes WorkCover clients as Insurance agencies pay only on attendance.

Initial Telehealth appointment bookings are secured by providing valid credit/debit card details.
Late cancellation fees will be deducted from your debit/credit card and an invoice given.
The practitioner may waive this fee where a medical certificate is supplied or (tick):

( ) The EOC will be concluded if reasonable notice is not provided
( ) The Client is required to seek a review with their GP before attending any further appointment

Client Responsibilities:

( ) You agree to attend all scheduled appointments and give at least 48 hours (two working days) notice if you need to cancel, postpone an appointment or you have insufficient NDIS funds or your WorkCover claim is denied.
( ) You agree to maintain contact & participate in an exit appointment prior to concluding treatment.
( ) You agree to treat staff and other clients in a respectful manner and respect their right to privacy
( ) You will ensure you are not under the influence of alcohol or other drugs when attending appointments and / or not behave in a way which makes delivery of service difficult or dangerous.
( ) Any e-messages are not to be forwarded to other parties without the Practice Manager consent.
( ) In consenting to Telehealth, you agree to maintain up-to-date versions of an antivirus and browser.

I, (full name) have read and discussed the above fees; my treatment and my rights and responsibilities as a client. I agree to these service conditions being provided by . Please refer to our website to review his/her qualifications and experience. I have been provided with the opportunity to discuss this agreement and obtain a form copy.

Signed: **Date:**