

Heather McAuliffe General Psychologist Clinical Psychologist Registrar MPsych (Clinical), MProfPsych, BPsych (Hons), DipBus

#### Parent or Adult Guardian Form

## **Professional Services Agreement**

Assessment Services: An assessment is used to assist in answering referral questions and to guide recommendations and treatment. Assessments vary depending on the referral question, but could include:

- Administration of standardised tests and questionnaires;
- Clinical interviews with parents/caregivers, teachers, medical or allied health providers, and other relevant professionals;
- Questionnaire for parents/caregivers, school and the young person
- Clinical interview with the young person; and
- Observation of the young person in the clinic and other settings.

**Confidentiality:** In the course of the provision of professional services, it will be necessary to collect and record personal information relevant to your young person. This may include written records, photographic images and/or audio recordings. Information may also need to be collected from various sources including teachers, allied health and medical professionals.

All personal information gathered during the provision of services will remain confidential and secure. Only your psychologist may have access to the information, except under special circumstances.

Information will be released only when:

- Subpoenaed by a Court;
- Failure to disclose information would place your young person or another person at risk; or
- Your prior approval has been given to:
  - o Provide a report to another professional or agency
  - o Discuss the material with another professional or agency.

**Telehealth Services:** Where appropriate, consultations may be conducted via telephone or video call. This is known as a 'Telehealth' service. You are responsible for your own telecommunication costs to access this service. 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. To support the security of your personal information this practice uses technology which is compliant with the Australian standards for online security and encryption.

**Audio Recording:** During the **assessment period** my preference is to utilise software to record strengths and concerns discussed with the family. This allows me to remain entirely focused on presenting concerns without note taking. This recording is **audio only** and retained on your young persons' file for the duration of the assessment process, after which it is deleted from their file. It **does not** form part of their client profile nor is access provided to anyone other than the assessing clinician (Heather).

Do you consent to yourself and yo	our young person being recorded in the manner described above?	
☐ Yes	□ No	



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#### **Communication Preferences**

Reports are typically provided by email after the feedback session and the account has been paid in full
Do you consent to having the report emailed to you?
☐ Yes ☐ No
Email Address:
Do you consent to appointment reminders and confirmations being provided by SMS and Email?
☐ Yes ☐ No
Fees and Cancellation Policy

Fees are to be paid on the date of the service provided. A breakdown of fees would have been provided to you via email with your confirmation of appointment schedule. If you did not receive this email, you must notify the clinic immediately. In rare instances more than two assessment periods are required. If this is the case, Heather, will communicate and provide a quote of services documenting any changes to fees with you during the intake appointment.

## Cancellation / Non-attendance Policy

**Fees** 

Should you need to cancel or reschedule your appointment please contact the clinic to reschedule your appointment. Please note appointments that are cancelled or rescheduled within 48hours prior to your appointment a fee will be involved per the Child Development Network policy.

"All appointments that are cancelled or rescheduled with less notice than *2 full business days* will be charged a late cancellation/ rescheduling fee of *100% of the booked consultation*.

Likewise, if you *do not attend* a booked appointment, you will be charged a non-attendance fee of *100% of the booked consultation*." You can read more about the Child Development Network Policy <u>here</u>

### Exceptions to the Late Cancellation Policy

\*A noted exception to the late cancellation/non-attendance policy is in the event of *illness of the young person undergoing* assessment. It is accepted that young people become unwell and often with little warning. Being unwell can negatively impact on assessment results. If your young person is unwell, I kindly ask that you *contact* the clinic immediately advising that your young person is unwell. The administrative staff will assist you in rebooking the assessment appointment. In these circumstances, the assessment must be rescheduled and attended, or the non-attendance will apply regardless of illness. This is because substantial effort goes into the preparation of an assessment and late cancellations mean the appointments are unable to be utilised by other families in need of assessment services.



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Date

Please note that if an appointment does need to be rescheduled *due to the illness of the young person being assessed* then the feedback session will need to be rescheduled accordingly. As the Child Development Network is a medical clinic, I ask that families observe any QLD Health required or reasonable exclusionary periods to ensure the safety of our clients and our clinicians.

I have read and understood the preceding information. I acknowledge that I have read and

# **Acceptance of Services Agreement**

Name of Parent/Caregiver

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ork.	•	
Young person's Name		

Signature