**Suzanne Hawkins**

**Psychologist**

**Suite 105/ 2 Arthur Street, Randwick NSW 2031**

**Consent to Engage in Treatment**

***Psychological Service:*** As part of providing a psychological service to you, Dr. Sue Hawkins will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

***Purpose of collecting and holding information:*** The information is gathered as part of your assessment, diagnosis and treatment and is seen only by Dr Hawkins. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

***Access to Client Information :*** At any stage you as a client are entitled to access the information about you kept on file, unless the relevant legislation provides otherwise. Dr. Hawkins may discuss with you appropriate forms of access.

***Confidentiality :*** All personal information gathered by Dr. Hawkins during the provision of the psychological service will remain confidential and secure except where:

 1. It is subpoenaed by a court, or

 2. Failure to disclose the information would place you or another person at serious and imminent risk; or

 3. Your prior approval has been obtained to

 a) provide a written report to another professional or agency (eg., GP); or

 b) discuss the material with another person (eg., parent, employer); or

 c) if disclosure is otherwise required or authorised by law.

***Fees:*** The cost of a one hour consultation is $180, which is payable at the end of the session by cash, cheque or direct deposit (Bank details: Name: Suzanne Hawkins BSB 732 257 Acc No 589715) or by EFTPOS.

***Medicare Rebate:*** If referred under the “Mental Health Plan” program, can also be rebated after the session if paying by EFTPOS or credit card ( note: a $2.00 fee applies when using credit cards).

***Cancellation Policy*** If, for some reason you need to cancel or postpone the appointment, please provide at least 24 hours notice.

***Charter for Clients of Psychologists*** The Charter at the APS website explains your rights as a client of a psychologist.

I ………………………………………., have read and understood the above conditions and agree to

these conditions for the psychological service provided by Dr.Suzanne Hawkins.

Signature ……………………………………………… Date ……………………..

Please Note: If you do not understand any of what is written, please discuss it with Dr. Hawkins.