

## INTAKE FORM - ADULT

**NAME:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **MALE/FEMALE** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_ **ETHNICITY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **SUBURB:** \_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**MEDICARE NUMBER:** \_\_\_\_\_ **REF NO.** \_\_\_\_\_ **EXPIRY:** \_\_\_\_\_

**TREATING DR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**NO. OF MEDICARE REBATES YOU HAVE HAD THIS YEAR?** \_\_\_\_\_

## TERMS OF SERVICE

Welcome to The Psychology Hub. Our terms of service and your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees, cancellations and rebates are provided below.

**PERSONAL INFORMATION:** All information obtained during your treatment is kept confidential and secure, except when:

- (1) It is subpoenaed by a court;
- (2) Failure to disclose the information would place you or another person at risk of harm; or
- (3) Your prior approval has been obtained to:
  - (a) provide a written report to another professional or agency—e.g. to a lawyer; or
  - (b) Discuss the material with another person—e.g. a parent or employer.

If you claim rebates from funding bodies, doctors and health practitioners may be required to provide summary reports to referring doctors, specialists and/or agencies regarding your progress. Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to as a patient of this practice.

**INFORMATION SECURITY AND ACCESS:** In the course of your treatment, personal information about you is collected to enable your treatment. All notes taken in the course of your treatment and all communications relating to your treatment become a part of your clinical records. Your clinical records are stored electronically in your patient file on Healthkit, which you consent to as a patient of this practice. You have a general right to access your records (subject to some exceptions which mainly relate to privacy, health or legal considerations) and can request access to your records. Your request must be made in writing, after which your request will be discussed with you. We are required to store your personal information for 7 years after ceasing engagement with your treating psychologist, and up to age 25 years for a young person under the age of 18.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT TO SHARING OF INFORMATION

I \_\_\_\_\_ give permission for **Jasmine Koretz** to obtain and exchange appropriate written or verbal information with the following persons/agencies:

Treating Referrer  Psychiatrist  GP  Other \_\_\_\_\_

Permission is given until I withdraw my authority in writing or for the following period from the date of this authority: In writing  OR 2 years  1 year  Other \_\_\_\_\_

**CONFIRMING APPOINTMENTS:** We will endeavour to contact you via SMS or email to confirm appointments; however, it remains your responsibility to be aware of your scheduled appointments.

**TIME AND PUNCTUALITY:** A consultation will usually last 50mins. If you are late, your consultation will usually still finish at the scheduled time, to be fair to your treating psychologist and the patients with appointments after yours.

**CANCELLATION POLICY:** When you make an appointment the whole appointment time is reserved for you. If you need to cancel or postpone an appointment we require at least 36hrs notice. Cancellations less than 36hrs notice will incur a fee of \$100+GST. This fee is not claimable through Medicare or your private health fund. This amount will be automatically debited from your nominated debit/credit card stored on Healthkit or an invoice will be sent via post if this has not been provided. In the unlikely event that this fee is not paid, we reserve the right to utilise a debit collection service to recoup the funds.

**SERVICE/CONSULT FEES:** Fees are payable at the time of your appointment. Payments accepted include cash, BPAY, automatic debit of funds via Healthkit using the debit/credit card you provided.

**HEALTHKIT PAYMENT PROCESSING FEES:** As a patient of this practice you consent to paying any Healthkit payment processing fees (cost 2% + \$1 per transaction) applicable to your service/consult.

**AUTOMATIC PAYMENTS:** This practice now gives you the option to use Auto Payments via Healthkit to pay your appointment fees. Similar to a direct debit, your fee payments are processed automatically at the time of your appointment from the nominated credit/debit card provided by you and stored electronically on Healthkit. This means you can focus your entire appointment on treatment without the need to worry about payments. It also means less administration for your practitioner, enabling your practitioner to focus on you and help more people. When payment is processed you can receive a confirmation email, in addition to the invoice from your practitioner.

**ONLINE MEDICARE REBATES CLAIMING:** This practice allows you to claim Medicare rebates instantaneously using online Medicare claiming. This means that you do not have to go to the trouble of taking your invoice to a Medicare office to claim rebates. Instead, your health practitioner electronically submits the claim to Medicare in one click using Healthkit, and Medicare pays the rebate into your bank account (or your practitioner's bank account if it is a bulk bill or 'gap' claim).

*By signing this form, I declare that the information is true and correct. I acknowledge that I have read and understood the terms and conditions. I authorize Healthkit Pty Ltd ABN: 62 131 908 597 to store my debit/credit card and debit payments from my nominated debit/credit card stored on Healthkit when I have/cancel an appointment or are provided with a service from The Psychology Hub. I acknowledge Healthkit will appear on my bank statement. I understand that Healthkit Pty Ltd Terms and Conditions can be found on their website or that I can request a copy from my psychologist*

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_