



APS charter for clients of psychologists

Before people can work as psychologists they must be registered with the Psychology Board of Australia (PBA). Your psychologist is a member of the Australian Psychological Society (APS), which is the largest professional association of psychologists in Australia, with a comprehensive Code of Ethics and complementary series of Ethical Guidelines.

As a client of an APS psychologist, you have a right to expect that:

- You will be treated with respect
- You will receive a clear explanation of the service you will receive
- Your consent for any service will be sought by the psychologist prior to the service commencing and as it progresses
- You will receive an explanation about the nature and limits of confidentiality surrounding the service
- You will be clear about the goals that you and the psychologist are working toward
- You will receive competent and professional service
- You will receive a clear statement about fees
- An estimate of the number of sessions required to achieve your goals will be discussed
- You will receive a service free from sexual harassment
- You will be shown respect for your cultural background and language tradition

Note:

If you have any concerns about the above matters, discuss them with your psychologist. If you have concerns about the conduct of your psychologist, you may call either the Psychology Board of Australia on 1300 419 495, or the Australian Psychological Society on (03) 8662 3300.



Client Consent Form

Psychological Services

As part of providing a service to you, personal information will be collected. This information will be used to guide assessment and treatment. You do not have to give all the requested personal information, however withholding information may limit the psychological services that can be provided.

Confidentiality

Clients have the right to have their personal information protected. All clinical files are confidential, and remain the property of Valli Jones. All personal information will remain confidential and secure except where:

1. A legal request for access is made, such as a subpoena 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
 - b) discuss the material with another person.

Access to Client Information

All individuals over the age of 15 have the right to access their personal information. Valli may discuss with you appropriate forms of access.

The attached APS Charter explains your rights as a client of a psychologist.

In engaging Valli Jones for psychological services I _____
acknowledge that:

1. Treatment may include administration of formal tests considered relevant to diagnosis.
2. Information will be exchanged between Valli Jones and the referring General Practitioner as required by Medicare; specifically, a Mental Health review report will be forward to the referring doctor at the completion of the 6th and 10th session.
3. Where consent is provided, Valli Jones may:
 - Consult with other relevant professionals (i.e., psychiatrist) regarding issues of clinical significance. This may involve communicating with them verbally and in writing in relation to providing support, treatment, or assessment.



Please provide the details of any other health professionals you are engaged with (i.e., general practitioner, psychiatrist, naturopath)

Do you give permission for information to be shared between Valli Jones and the health professionals listed above?

Yes No

Please sign below to indicate that you have read and understood the information contained in this consent form, and agree to these conditions for the services provided by Valli Jones.

Name _____

Signature _____

Date _____

Please Note: If you have any questions about the information contained in this document, please discuss them with Valli Jones prior to signing.



Client Information

Name	
Date of Birth	
Preferred contact number	
Permission to leave a message	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	
Others that reside at the above address. Include: <ul style="list-style-type: none">• Relationship to you• Date of birth.	
Postal address (if different to home address)	
Email address	
Permission to communicate via email	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship Status	<input type="checkbox"/> Single <input type="checkbox"/> Partnered / Married <input type="checkbox"/> Separated / Divorced
Emergency contact person	Name: Contact: Relationship:
Referring General Practitioner	Name: Contact:
Medicare number. Please add the number next to your name in brackets.	
Do you have any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If yes, please provide details	
Are you on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	
Have you visited a psychologist in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE DESCRIBE ALL YOUR CURRENT CONCERNS

Behavioural: substance use, eating patterns, self harm, verbal or physical aggression towards self or others

Emotional: overall emotional wellbeing, appropriateness of emotional responses, ability to self-regulate

Social: quality of family relationships, number and quality of friendships, engagement in hobbies or interests
