



Suite 105. Level 1,
35 Spring Street,
Bondi Junction NSW 2022
Ph: (02) 9387 6166
Fax: (02) 9387 6177
ACN: 123 150 845

Parental Informed Consent

As your child is a client at the Sydney Cognitive Development Centre (SCDC), they have certain rights that are important for you to understand.

This document is designed to inform you about the management of the information you and your child disclose to your treating psychologist. Therapy addresses issues of a highly personal nature and it is important that you understand your rights in regards to your child's records and personal information collected.

Also provided below is a detailed description of Sydney Cognitive Development Centre fees, and our cancellation policy. We require all of our families to have understood and signed this form.

Purpose of Collecting and Retaining Information

As part of providing a psychological service to your child, the psychologist will need to collect and record personal information that is relevant to your child's current situation. Collection of personal information is a necessary part of psychological assessment and therapy.

Information is gathered as part of the assessment, diagnosis and treatment of your child's condition, and is seen only by their psychologist, administrative staff or the director, Dr Shelley Hyman. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

Confidentiality

With the allowance of certain exceptions described below, your child has the right to the confidentiality of their information. You are assured that all personal information gathered by the psychologist during the provision of the psychological service will remain confidential and secure.

However, it is important to know there are exceptions in which all psychologists are mandated (by law) to waive confidentiality. This can occur when:

1. The information your child has provided to their psychologist is subpoenaed (officially requested) by a court of law
2. Failure to disclose certain information would place your child or another person at serious risk of harm
3. Your prior approval has been obtained to:
 - a. Provide a written report to another professional or agency, e.g. a GP or a lawyer;
 - b. Discuss the material with another person, e.g. a teacher

Note: You will be asked to sign a specific consent form if this is required.

Cancellation Policy

If, for some reason, you need to cancel or postpone your child's appointment, please give their psychologist at least 24 hours' notice. If you cancel a regular appointment with 24 hours' notice then a cancellation fee will not apply.

If you cancel an appointment at short notice i.e. less than 24 hours before the appointment, then you will be charged 50% of the full fee. If your child fails to attend an appointment, with no notice of cancellation, then the full fee will apply.

If a cancellation was made due to unavoidable circumstances, then we will try our best to reschedule the appointment but it will be at the discretion of the SCDC to determine whether cancellation fees apply. If numerous consecutive cancellations are made, then it is also at our discretion to charge a non-refundable deposit for future sessions.

Exchange of Client Information

There may be times where, as part of the assessment and therapy process, it may be helpful for your child's psychologist to liaise with other people or agencies that are relevant to their therapy goals. Additional consent forms will be requested in these instances.

Please note that if you intend to claim rebates from Medicare or another organisation then your child's psychologist must provide summary reports to external agencies regarding their treatment progress. Under the Medicare scheme these reports will normally be sent to your child's GP, paediatrician or psychiatrist. Please note that signing this form acknowledges your consent to allow us to provide these Medicare reports to the referring clinician.

Fees

If your child has a Mental Health Care Plan from their GP, or a referral from a Psychiatrist, then you will be able to claim a Medicare Rebate of \$84.80 per session for a maximum of 10 sessions. If your child is not eligible for Medicare then you may be able to use private health insurance or pay the full fee. Please note that you cannot use private health insurance in conjunction with Medicare rebates for psychological services.

Team Member	Services (Cost)
Dr Shelley Hyman	Initial Consultation (\$260), Therapy Sessions (\$220)
Marika Donkin	Initial Consultation (\$220), Therapy Sessions (\$200)
Jennifer Collins	Initial Consultation (\$220/hour), Therapy Sessions (\$200)
Candice Michael	HighQ Cognitive Training (\$120)

Please pay all fees by cash, eftpos or cheque at the conclusion of each session. Direct debit can be arranged before the session.

Confirmation of Informed Consent

I, *(print name in Block Capitals)*....., on behalf of my son/ daughter..... have read and understood the above Consent Form.

I agree to these conditions for the psychological service provided to my child at the Sydney Cognitive Development Centre.

Signature Date

Please Note: *If, after reading this page you are unsure of what is written, please discuss it with your psychologist before signing.*

Psychologist Signature Date

Child Consent

During therapy your psychologist will need to take notes and collect information about you which will be kept confidential and in a safe place at the centre. This information will not be seen by anyone, including your parents. The only reason that this information will be seen by anyone other than yourself and your psychologist is if you decide you want to share this information, if you or another person is at serious risk of harm, or if the information is requested by a court.

I, *(print name in Block Capitals)*....., have read and understood the information above.

Signature Date

Please Note: *If, after reading this page you are unsure of what is written, please discuss it with your psychologist before signing.*

Psychologist Signature Date