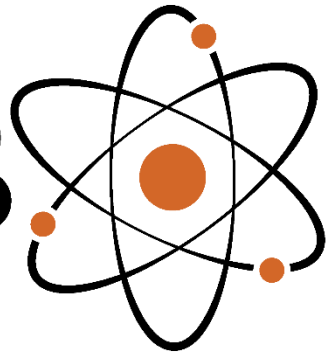


# THANK YOU FOR CHOOSING PSYCHLAB



## Please fill out the paperwork

We want to partner with you to do an ethical, thorough, and professional job. To do this, we need some information from you. Set aside about 30 minutes to complete all the paperwork. This will help you and your treating professional clarify what is going on.

## Please arrive 10 minutes early for your first appointment

We are located at The Avenue, 58 – 60 Torquay Road.



Suite 6



Suite 13-15



Suite 6 is the main reception. Report here for your first appointment.

Suite 13 – 15 is a second set of clinic rooms. If directed, please press the buzzer by the door to be let in.

Parking. You can park in the spaces designated for Suites 6, 13, and 15, or any undesignated car parks. If there are no parks at The Avenue, there is free parking along Torquay Road.

## Checklist of things to bring to your first session:

- Completed consent form
- Completed intake questionnaire
- Completed third party consent form
- Completed telehealth consent form
- Payment method
- Medicare and health care cards
- Referral letter from your specialist or doctor (if you have one)
- Relevant health records including previous assessments and school/work reports (if there are any)

Do not sign anything that you do not understand. Bring what you have done and ask for help to complete the forms if you need.

**SEE YOU SOON.**

**Thank you for choosing PsychLab. Before we provide services to you, here are the things you need to know and consent to.**

### **Our Services**

We provide psychological services that improve the health and wellbeing of children and adolescents. This can include psychological training, therapy, and assessment. As an organisation that provides services to children, we strive to uphold the [National Principles for Child Safe Organisations](#) as recommended by a Royal Commission into child safety.

As with any services, there are benefits, risks, and alternatives. The main benefit to psychological services is gaining insight and skills into thoughts, emotions, and behaviours. This can create improved emotional wellbeing, better stress management, enhanced relationships, greater self-awareness, and coping strategies for challenges. Therapy can lead to meaningful personal growth.

While our services are evidence based, and generally safe and effective, there are some potential risks. Risks may include temporary emotional discomfort, longer treatment time than expected, treatment failure, dependency on the clinician, and changes in relationships or life direction that can be challenging. Sometimes, clients may feel misunderstood or dissatisfied with the process.

Alternatives to our services include evidence-based self-help strategies, support groups, medication prescribed by a GP or psychiatrist, lifestyle changes, or complementary therapies. You are encouraged to discuss these options with your healthcare provider to determine the most suitable approach for your needs.

### **Your Rights and Responsibilities**

All staff and contractors at PsychLab practice under the [Australian Health Practitioner Regulation Agency's Code of Conduct for Psychologists](#). Essentially, this means that you can expect to be provided safe, effective and collaborative psychological services. You should be respected equally regardless of your background and beliefs. If you are unhappy with the services provided, please let us know straight away. You can talk to any human here, or email [feedback@psychlab.com.au](mailto:feedback@psychlab.com.au). If you are unable to let us know, or the issue is not resolved, you can notify the Office of the Health Ombudsman (<http://www.oho.qld.gov.au>).

You are at an age where you may be able to understand what it means to participate in psychological services. You and your guardians are responsible for whether you can consent to your health treatment. You may be encouraged or assisted to participate by your family. Your participation is voluntary. Even if your guardians do not want you to access these health services, you have a right to seek help for your mental health.

If you do choose to access our services, you are responsible for attending scheduled appointments, engaging in therapy, communicating respectfully, and informing the treating professional about circumstances or changes that affect your wellbeing and treatment. Your guardians are responsible for payment of the fees associated with the services we provide to you.

### **Your Information**

We collect, record, create, and communicate your personal information only when it is reasonably necessary to provide services to you. For example, we collect information such as your name, contact information, medical history, referrer details, and healthcare cards. We create case notes and reports. We may communicate this information to referrers, such as your General Practitioner (GP). We keep your information securely and in confidence, in accordance with our Privacy Policy, which you can request to see. We use de-identified information, such as outcome measures, to help us with quality

improvement. We only release your information when it required by law or safety, for example, to save a life.

Some of our service delivery includes use of third-party products and services. We check that their policies align with Australian health and privacy standards or something similar. Third-party products and services include contractors, email and communication platforms, clinic management software, assessment administration and scoring, notes transcription, and others.

**Fees, Payment, and Cancellation**

We will usually tell you what the fees are when you book the appointment. Our full fee schedule is available on request or at [www.psychlab.com.au/clinic-and-supervision.html](http://www.psychlab.com.au/clinic-and-supervision.html). We charge cancellation fees for late cancellations (≤ 24 hours) if we cannot refill the spot. If 2 appointments are missed without prior notice, we will cancel future appointments. Rebooking will require management approval.

**Research and Training**

**If you are seeing a provisional psychologist or allied health assistant, their work must be overseen by a psychologist supervisor. They must use de-identified client cases for supervision and competency assessment.** Their supervisor must sit in on selected sessions or observe recordings of the sessions. Supervisors adhere to the same Code of Conduct, including confidentiality standards. Otherwise, for non-provisional psychologists, if you would like to allow us to use your information for supervision, training, or research purposes, then you can additionally consent to this below.

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***I have read and understood the information provided to me including the fees and cancellation policy. I agree to service provision under these terms and conditions.***

Additionally, I agree to the following:

AI notes transcription for case notes, for example, <a href="#">NovoNote</a> .	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>De-identified</b> information to be used for the purpose of:		
Supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Research	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Audio-visual recording</b> and/or transcription of my sessions to be used for the purpose of:		
Supervision	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Training	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Research	<input type="checkbox"/> YES	<input type="checkbox"/> NO

***I can revoke my consent at any time by letting staff know in writing. I can update my consent at any time by requesting and signing a new consent form.***

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PARENT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Telehealth Consent Form**

Where appropriate, telephone or videoconferencing can be used to provide psychological services. You are responsible for the costs of the technology you use to connect to phone and internet services. To access telehealth consultations, you will need access to a quiet, private space, and the appropriate device. This may include a smartphone, laptop, iPad, computer, with a camera, microphone and speakers; and a reliable broadband internet connection.

The privacy of any form of communication via the internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information this practice uses Cliniko which is compliant with the Australian standards for online security and encryption.

If videoconference is unsuitable, or connection becomes unstable, your psychologist will contact you via telephone and make 1 attempt to re-engage. If contact is unable to be re-established, please call PsychLab on 0413 676 689 and your communication will be returned during business hours as soon as possible.

**Initial appointment**

Paperwork must be completed two business days prior to your initial appointment. If your intake form is not completed within a reasonable time prior to your appointment, then we may not be able to provide the consultation.

**Limitations of telehealth**

A telehealth consultation may be subject to limitations such as an unstable network connection which may affect the quality of the psychology session. In addition, there may be some services for which telehealth is not appropriate or effective. Your psychologist will consider and discuss with you the appropriateness of ongoing telehealth sessions.

**Crisis Services**

Your telehealth psychologist is not available outside of booked appointments. If you need to speak with someone outside of hours, Beyond Blue run a 24hr phone line with qualified counsellors (1300 22 4636). For alternatives, you can find services through Medicare Mental Health 1800 595 212 (8:30AM – 5:00PM). If your life is in imminent risk, please call 000

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**Consent to receive psychological services by telehealth**

I have been provided with information about the service including the limitations to privacy and confidentiality. I agreed that in circumstances where the psychologist is concerned about my welfare and is unable to contact me, I give permission to contact nominated emergency contacts from PsychLab or referrer sources.

I have read and understood the information on this Telehealth Consent Form and have discussed any outstanding questions with the practice/psychologist. I agree to the above conditions for telehealth psychological services to be provided by PsychLab.

CLIENT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(or guardian's name and signature)

DATE \_\_\_\_\_

Please complete this prior to attending your first appointment. Your parents will also complete a version of this form, but we want to hear it from your perspective too.

If you don't know the information, or if you do not understand the question, leave the item blank.  N/A = not applicable.

**Your information**

First Name:

Surname:

Date of Birth:

Today's Date:

Self-identification\*:

Contact number:

Address:

Email:

Referrer (Name, Profession, Contact Details):

*\*if you would like to be identified as belonging to any cultural or diversity group, please indicate this.*

**Presenting issue**

What is the main issue that you need help with?

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When did you (or others) first notice this concern?

N/A

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What is your goal around this issue? What do you hope we can help you to do?

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What makes the issue worse?

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What makes the issue better?

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How much does the issue impact the way you live day to day? Mark one number  N/A

Not much Very Much  
 1    2    3    4    5    6    7    8    9    10

How much does the issue distress you? Mark one number  N/A

Not much Very Much  
 1    2    3    4    5    6    7    8    9    10

How much does the issue distress or impact your family/friends? Mark one number  N/A

Not much Very Much  
 1    2    3    4    5    6    7    8    9    10

How motivated are you to work together on this issue? Mark one number  N/A

Not much Very Much  
 1    2    3    4    5    6    7    8    9    10

Have you sought support for these issues before? *If so, what was helpful, and what was unhelpful?*

HELPFUL

NOT HELPFUL/ANNOYING


**Social and occupational context**

List the most important people in your life and their influence on you

Name:	Relationship:	Influence:
Name:	Relationship:	Influence:
Name:	Relationship:	Influence:
Name:	Relationship:	Influence:
Name:	Relationship:	Influence:

What is your favourite academic subject and why?

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Who is your favourite teacher and why?

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What do you want to do when you finish school and why?

---

What are your hobbies/interests/work?

---

What are your strengths?

---

What makes life worthwhile for you? What do you think life is about?

---

When you need help or you need someone to talk to, who do you go to first, and why?

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### Service improvement

How would you rate your contact with PsychLab so far? *Please circle one*

- Very poor       Poor       Average       Good       Excellent

Would you be interested in being contacted for feedback after you have completed services with PsychLab?       YES       NO

**Thank you for your time in completing this form. Please keep a copy for your records if needed.**

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

Name/ID: \_\_\_\_\_

### RCADS

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

1. I worry about things . . . . .	Never	Sometimes	Often	Always
2. I feel sad or empty . . . . .	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach . . . . .	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something . . . . .	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore . . . . .	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test . . . . .	Never	Sometimes	Often	Always
8. I feel worried when I think someone is angry with me . . . . .	Never	Sometimes	Often	Always
9. I worry about being away from my parents . . . . .	Never	Sometimes	Often	Always
10. I get bothered by bad or silly thoughts or pictures in my mind . . . . .	Never	Sometimes	Often	Always
11. I have trouble sleeping . . . . .	Never	Sometimes	Often	Always
12. I worry that I will do badly at my school work . . . . .	Never	Sometimes	Often	Always
13. I worry that something awful will happen to someone in my family . . . . .	Never	Sometimes	Often	Always
14. I suddenly feel as if I can't breathe when there is no reason for this . . . . .	Never	Sometimes	Often	Always
15. I have problems with my appetite . . . . .	Never	Sometimes	Often	Always
16. I have to keep checking that I have done things right (like the switch is off, or the door is locked) . . . . .	Never	Sometimes	Often	Always
17. I feel scared if I have to sleep on my own. . . . .	Never	Sometimes	Often	Always
18. I have trouble going to school in the mornings because I feel nervous or afraid . . . . .	Never	Sometimes	Often	Always
19. I have no energy for things . . . . .	Never	Sometimes	Often	Always
20. I worry I might look foolish . . . . .	Never	Sometimes	Often	Always
21. I am tired a lot . . . . .	Never	Sometimes	Often	Always
22. I worry that bad things will happen to me . . . . .	Never	Sometimes	Often	Always

23. I can't seem to get bad or silly thoughts out of my head. . . . .	Never	Sometimes	Often	Always
24. When I have a problem, my heart beats really fast . . . . .	Never	Sometimes	Often	Always
25. I cannot think clearly . . . . .	Never	Sometimes	Often	Always
26. I suddenly start to tremble or shake when there is no reason for this . . . . .	Never	Sometimes	Often	Always
27. I worry that something bad will happen to me . . . . .	Never	Sometimes	Often	Always
28. When I have a problem, I feel shaky . . . . .	Never	Sometimes	Often	Always
29. I feel worthless . . . . .	Never	Sometimes	Often	Always
30. I worry about making mistakes . . . . .	Never	Sometimes	Often	Always
31. I have to think of special thoughts (like numbers or words) to stop bad things from happening. . . . .	Never	Sometimes	Often	Always
32. I worry what other people think of me . . . . .	Never	Sometimes	Often	Always
33. I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds) . . . . .	Never	Sometimes	Often	Always
34. All of a sudden I feel really scared for no reason at all . . . . .	Never	Sometimes	Often	Always
35. I worry about what is going to happen . . . . .	Never	Sometimes	Often	Always
36. I suddenly become dizzy or faint when there is no reason for this . . . . .	Never	Sometimes	Often	Always
37. I think about death . . . . .	Never	Sometimes	Often	Always
38. I feel afraid if I have to talk in front of my class . . . . .	Never	Sometimes	Often	Always
39. My heart suddenly starts to beat too quickly for no reason . . . . .	Never	Sometimes	Often	Always
40. I feel like I don't want to move . . . . .	Never	Sometimes	Often	Always
41. I worry that I will suddenly get a scared feeling when there is nothing to be afraid of . . . . .	Never	Sometimes	Often	Always
42. I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order) . . . . .	Never	Sometimes	Often	Always
43. I feel afraid that I will make a fool of myself in front of people . . . . .	Never	Sometimes	Often	Always
44. I have to do some things in just the right way to stop bad things from happening . . . . .	Never	Sometimes	Often	Always
45. I worry when I go to bed at night . . . . .	Never	Sometimes	Often	Always
46. I would feel scared if I had to stay away from home overnight . . . . .	Never	Sometimes	Often	Always
47. I feel restless . . . . .	Never	Sometimes	Often	Always