

# ARIELLA ROSINGER P S Y C H O L O G I S T

MEDICARE PROVIDER NUMBER 4029495X

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## **Consent for psychological service**

### **Access to provision of psychological service**

To access psychological services with Ariella Rosinger, you will have to make an appointment in advance, by contacting Ariella Rosinger directly on **0421006114**, preferably by text message. You will be contacted back by text or a call, to book and confirm your appointment. Ariella will advise if completion of any forms, or referrals will be needed prior to your appointment

### **Access to “face to face” in person service**

If you booked a “face to face” appointment, all you'll have to do is arrive on time to Ariella’s room at Shop 4, 532-542 Hampton Street Hampton.

### **Access to a video Telehealth or Phone service**

To access video Telehealth consultations you will need a quiet, private space, to hold your conversation; and the appropriate device, i.e. smartphone, or laptop, or iPad, or computer, with a camera, microphone and speakers; and a reliable broadband internet connection.

You will get an email or a text message with an invite to a video Telehealth meeting with Ariella, and if needed, it will be followed by an explanation of the steps you'll need to follow in order to enter the video meeting. If you have any technical issues while trying to connect, please send a text message to Ariella on **0421006114** to indicate that you are having problems to connect.

If you do not have the appropriate device for video Telehealth, or, if the device is temporarily out of use, or if the internet connection is failing, the replacement of the Video meeting will be a phone conversation.

A Telehealth consultation may be subject to limitations such as an unstable network connection. You will be asked to hold your phone within reach for the duration of your consultation, to allow a quick transfer to a phone conversation if needed.

## **Consent to receive psychological services by Telehealth**

I have been provided with information about the service and its limitations.

- I agree that the invoices for the psychological services will be sent to my

email.....

- I agree that for each Telehealth and phone appointment, I will provide Ariella Rosinger with the address of my location.

- I agree that in case of circumstances where the psychologist is concerned about my safety and welfare, and the psychologist is unable to connect with me despite reasonable attempts to reach me on the phone, permission is provided for the psychologist to contact the following person:

Name:..... phone #.....

## **Fee: Standard fee for face to face and Telehealth/Phone consultation**

The cost of a consultation (approximately 50-55 minutes) is \$200, which is payable at the end of the session by direct electronic bank transfer . Your psychologist will discuss with you your eligibility for Medicare rebates or other compensable funding.

## **Cancellation Policy**

If you need to cancel or reschedule your appointment, please give the psychologist at least 24 hours notice, otherwise full fee is applicable.

## **Collection of Information in psychological services**

As part of providing a psychological service to you, in person or by Telehealth, Ariella Rosinger needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

Personal information gathered as part of this service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. your prior written approval has been obtained to - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or  
b) discuss the material with another person, eg. a parent, or health provider; or  
c) disclose the information in another way; or
4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or
5. disclosure is otherwise required or authorised by law.

I, (full name) ..... have read and understood the information above, and have discussed any outstanding questions with the psychologist. I agree to the above conditions for face to face psychological services and/or for Telehealth/phone psychological services to be provided by Ariella Rosinger.

I understand that I am not obligated to make any appointments with Ariella Rosinger, and I am free to cancel my appointments at any point in time. Cancellation is by contacting Ariella Rosinger on 0421006114 to let her know of cancellation.



Client signature ..... Date ...../...../.....

OR where signature is not possible psychologist's confirmation of verbal consent:

I have discussed the information in this consent form with the client, and since we've not yet met in person, and intend to start with Telehealth, I received verbal consent to the provision of psychological services as informed above.

Psychologist signature ..... Date ...../...../.....