

DR ALLAN SHAFER
Clinical Psychologist & Socio-Analyst
5/172 Scarborough Beach Road
Mt Hawthorn WA 6016
Tel (08) 9443 8545

Consent Form

Psychological Service

As part of providing a Clinical Psychological service to you, I will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted.

Access

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6.

Confidentiality

All personal information gathered during the provision of the psychological service will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at risk; or
3. Your prior approval has been obtained to
 - a) provide a written report to another professional or agency. eg. a GP or a lawyer;
 - or
 - b) discuss the material with another person. eg. a parent or employer.

Fees

The cost of a one hour consultation (usually 50 minutes) is \$125.00, which is payable at the end of the session by cheque, credit card or cash.

Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please give me at least 24 hours notice, otherwise you will be charged the cost for the session.

Charter for Clients of Psychologists

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

I, (print name in Block Capitals).....,
have read and understood the above Consent Form. I agree to these
conditions for the psychological service provided by Dr Allan Shafer.

Signature Date

Please Note: If, after reading this page you are at all unsure of what is
written, please discuss it with me.