

Intake & Consent – Child Form

Before proceeding, please take a moment to consider if any of the below apply to you or your child:

- Families or children in the legal system**, or involved in court proceedings (e.g., child custody, domestic violence, and we do not provide reports or attend to requests for such purposes)
- Parents/carers in high conflict**. All parents/carers with legal rights need to be supportive of (or not opposed to) therapy and are willing to communicate (where appropriate) in the best interests of the young person.

We are unable to work with **high-risk complex presentations**:

- Abuse/neglect (or at risk of this)
- Complex trauma (e.g., exposure to ongoing violence or a significant event)
- Disordered eating (as the main referral concern).
- Children who are non-verbal
- Children who are currently experiencing suicidal ideation, or regular self-harming

- Clients that require wheelchair access**. Our building does not currently provide lift or ramp access (access is by a flight of stairs).

If any of the above apply, please feel free to request a list of other clinics that may be able to better support you, your family and child.

Section 1: Your Child's Details

First Name:	
Surname:	
Date of birth:	
Gender:	
Current School/Childcare/Kindy:	
Grade:	

Section 2: Family Details

Note: Parent/Guardian 1 will be nominated the primary contact for all communication, correspondence, and appointments, including receiving the final report (electronically), unless otherwise specified.

Parent/Guardian 1: (Primary contact)

First Name:	
Surname:	
Date of birth:	
Gender:	
Occupation:	
Home address:	
Email:	
Phone:	

Parent/Guardian 2:

First Name:	
Surname:	
Date of birth:	
Gender:	
Occupation:	
Home address:	
Email:	
Phone:	

Siblings (name; age; gender; who the child resides with)

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Family history (medical/mental health):

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NDIS

Are you using NDIS funding? (Self or plan managed only)

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NDIS Number

How is your funding managed?

If plan-managed, name and email of the person who should receive your invoices (Plan-managed only)

Name:

Email:

Phone:

Medicare

Will you be using a Mental Health Care Plan for Medicare rebates? **YES** or **NO**

If YES, please provide a copy of your valid GP (paediatrician or psychiatrist) MHCP (attach to this form/return email).

If YES, please provide your Medicare details:

Card number:

Position on the card (number):

Expiry date:

Please note: Not all sessions/services are rebatable. Mapping Minds does not claim rebates for you. We will provide a valid invoice/receipt for you to claim your rebates accordingly, in line with Medicare policies and your valid MHCP.

Parenting Agreements

Do you have a Parenting Agreement/ Court Order in place? **Circle: YES or NO**

If NO, go to page 4, Section 3: How can we support you?

If YES, please provide a copy prior to your initial appointment, and complete the below:

Do you give permission for general information (e.g., appointments times, making appointments), and clinical information (e.g., assessment/therapy outcomes) regarding my child to be shared with this parent/guardian?

Circle **YES or NO**

If yes:

Parent/guardian's name _____

Email: _____

Mobile: _____

Are there any other legal documents your clinician should be aware of? E.g., AVO, DVO:

NB: The clinic does not routinely conduct family assessments or provide court reports for the Family Court of Australia or other family dispute matters. The clinicians within the practice are not registered court reporters.

Section 3: How can we support you?

Describe your concerns/reason for seeking support (give a brief description of your child's behaviours, symptoms, difficulties):

Diagnoses (describe medical/mental health information):

Current medications:

Have you had, or currently have concerns about your child in any of the following areas?

- Behaviour Social relationships Language skills
- Academics (learning) Emotional regulation
- Self-care skills Physical skills

Additional information:

Have you previously consulted any professional's regarding your child's difficulties? (e.g., psychologist, OT, paediatrician)?

Is there anyone else you would need/like us to be in contact with, such as other carer, School Guidance officer, Paediatrician, etc. Please write down names and contact details:

Please provide any additional information that you believe would be relevant to your clinician.

Terms of Service

Welcome to Mapping Minds Psychology. Our terms of service and your rights and responsibilities as the client and/or parent in relation to information security, access, privacy, and confidentiality as well as the obligations regarding fees, cancellations and rebates are provided below.

Practice Policy

Mapping Minds Psychology is a psychology clinic. Clinicians can conduct clinical, educational, and developmental assessments and provide intervention recommendations and plans accordingly. In some cases, clinicians may organise teleconferencing with support agencies, school, or home visits in order to share or discuss pertinent information and intervention strategies. An additional fee may be charged for the provision of these services.

Legal/court proceedings

The clinic does not routinely conduct family assessments or provide court reports for the Family Court of Australia or other family dispute matters. Our clinicians are **not** registered court reporter writers. Notes kept are to inform assessment or intervention planning only and would not be of use in court or for purposes outside of use by a clinician in this regard.

Cancellation

Please be aware Mapping Minds Psychology requires at least **48 hours' notice** to cancel or reschedule any appointments. To avoid any cancellations fees please notify the clinic by phone, text or email. Late cancellation or non-attended appointments will incur a full fee. This amount will be automatically debited from the nominated debit/credit card (stored securely with state-of-the-art encryption via Stripe and Power Diary). In the unlikely event that this fee is not paid, we reserve the right to utilise a debt collection service, which attracts additional collection fees. We do recognise that there are exceptional circumstances where this fee may not apply, we encourage you to notify reception as soon as possible to discuss. Note: Clients are not able to use Medicare or private health in the event of a cancellation fee.

All outstanding fees must be paid prior to the provision of further services. Mapping Minds Psychology reserves the right to waitlist future bookings when clients have had 2 or more cancellations with less than 48 hours' notice.

Fee Payment

Full payment is required prior to, or at the time of your appointment, and to secure any future appointments. Rates are \$280* per 50-minute session, \$235 per 40-minute session.

* This rate may change at the discretion of Mapping Minds Psychology. Current rate is below the current Australian Psychological Society (APS) guidelines of \$300 per 50-minute session.

Appointment Policy

We understand there are times when you and/ or your family may arrive late for appointments. In order to respect clients with subsequent appointments, your appointment must finish on time and full payment will be required.

Access to client information

You have the right to access your personal information kept at Mapping Minds Psychology in accordance with relevant legislation. Please discuss with your clinician regarding different forms of access. Notes taken in session are not useful for court or other purposes and are strictly to inform and monitor intervention.

Confidentiality

Confidentiality between a person and their treating clinician is essential for treatment to be successful. All personal information gathered by the clinician during the provision of 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 serious or imminent risk;
or
3. Your prior approval has been obtained to:
 - i) Provide a written report to another professional or agency e.g., GP/Lawyer/NDIS/School
 - ii) Discuss the material with another person e.g., family member, health professional or if disclosure is otherwise required or authorised by law
 - iii) NDIS / PHN for auditing purposes
 - iv) Administrative staff (including director, administrators and supervisors) for the purposes of filing.
4. If you claim rebates from Medicare or relevant funding bodies (NDIS) the clinician may be required to provide acceptance, summary, and end of treatment reports to referring doctors as a part of their professional obligations.

Privacy

Health information is regarded as one of the most sensitive types of personal information. For this reason, Information Privacy Act 2009, the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) and the Health Information Protection Act provides extra protections around its handling. All organisations that provide a health service and hold health information are covered by the

Privacy Act. The Australia Privacy Principles (APPs), contained in schedule 1 of the Privacy Act, outline how these organisations must handle, use and manage personal information.

Sessions may be audio recorded using Australian Privacy Act privacy compliant software, strictly for notetaking purposes, and subsequently deleted once summarised in written form.

Communications consent

I consent to the collection of my personal information for you to provide services, including planning, coordinating, funding implementing monitoring and reviewing our services.

I consent for Mapping Minds to email communications including new services offered, helpful newsletters and feedback surveys.

Payment Policy and Credit Card Authorisation

Fees must be paid prior to, or at, your booked session. Outstanding fees (such as cancellation fees) will also be charged to this card, as described in the Practice Policy section of this document.

The following credit card will be kept on file securely (via Power Diary).

Please complete your debit or credit card details below:

Credit card no: _____ Name on Card: _____

Expiry: __/__/__ CVV: ___

Declaration

By signing this form, I declare that the information is true and correct and I have the authority to sign this form. I acknowledge I have read and understood the terms of service outlined by Mapping Minds Psychology.

Child's name:

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Parent/Guardian 1 Name:

Parent/Guardian 1 Signature:

Date:

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Parent/Guardian 2 Name:

Parent/Guardian 2 Signature:

Date:

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