

# Patient Copy

## INFORMATION AND CONSENT DOCUMENT

I am pleased you have selected me as your *Clinical Psychologist*. This document informs you about my background, to assist you to understand the nature of my therapy service, and to outline our professional relationship.

### **QUALIFICATIONS and EXPERIENCE**

I hold a Doctorate (Counselling/Psychology) from The Ohio University, a Masters degree (Guidance/Counselling) from The University of Queensland, a Graduate Diploma of Counselling *and* Diploma of Teaching (Psychology) from Queensland University of Technology, and a Bachelor of Education (Psychology/Religion) from Australian Catholic University. I have 36 years experience in counselling and education in a variety of contexts with children, adolescents, adults, couples, families, groups, and organisations in Australia, Italy, and USA.

I am **Registered** with the *Psychology Board of Australia*, a **Member** of the *Australian Psychological Society*, a **Fellow** of the *College of Clinical Psychologists*, and a **Fellow** of the *College of Counselling Psychologists*. My practice is focused on Personal and Relationship Counselling, Mediation, Corporate Consulting, Training, Clinical Supervision, Executive Coaching, and Psychological and Medico-Legal Assessment.

### **NATURE of PSYCHOLOGICAL THERAPY**

I see people as having the capacity to resolve their challenges through our consultations. Change occurs as people experience themselves as open and competent, and are then more capable of finding solutions for greater control and contentment in their lives. Most people need several sessions to achieve the self-awareness and problem solving they seek, while some require many sessions over an extended period of time. As a patient you are in complete control and may end the professional relationship at any point. Sometimes exploring sensitive issues and the past can be of some risk and distress for patients. If you become upset outside of sessions due to what is discussed, please raise this with me. I will also address possible risks with you, if they arise. Therapy is ultimately successful when you know yourself better and are able to face life's challenges in the future without my support.

Although our sessions may be emotionally and psychologically intimate and intense, it is important you remember we have a professional relationship not a personal one. Our face-to-face contact is limited to the sessions you have with me. You are best served by our relationship remaining strictly professional and our sessions concentrate exclusively on your concerns. However, you will invariably learn a little about me as we work together. (*I have a range of practical tip-sheets on my website you will find helpful*).

P.T.O.

## REFERRALS

Should you require a referral to any other professional I will happily discuss this with you and help as much as possible. If at any time you are dissatisfied with my service please let me know.

## FEES, CANCELLATION and HEALTH FUNDS

The fee for psychological therapy is \$200 per hour-session. The fee is due at each session with cash or cheque (otherwise internet bank transfer *within the next working day please*). In the event you are unable to keep an appointment, notify me 24 hours in advance, otherwise you will be charged for the session. If you need a fee-reduction to continue with therapy, please feel comfortable discussing this with me. Many private health insurance funds will reimburse for psychological services. Contact your fund to determine whether and how much they reimburse you. Usually the invoice/receipt you receive at the session is sufficient for the health fund. If your sessions are part of a **General Practitioner's Mental Health Treatment Plan** or a **Psychiatrist's Assessment and Management Plan** there is a rebate (about \$130) through Medicare. In these cases you claim *either* through your health fund *or* Medicare.

## RECORDS and CONFIDENTIALITY

All of our communication becomes part of the clinical record. I will keep secure and confidential anything you say to me except where: (1) I receive your approval to tell someone else, or (2) Failure to disclose the information may place you or another person at serious and imminent risk, or (3) This is required or authorised by law. My aim is to safeguard your privacy within the constraints of the law. **If you have been referred by a medical practitioner I will collect information from, and disclose information to the doctor to facilitate quality integrated treatment.** If you are consulting a medical specialist or involved in any legal process, inform me as it may impact the treatment process and relationship. I do not electronically-record sessions and I do not grant you permission to record them, or any of our conversations, either.

***If you are in distress or significant need of support between sessions, contact your regular GP, a 24-hr crisis agency such as Lifeline (☎: 13 11 14), or go to the Emergency Department of your closest Hospital.***

If you have any questions about this document,  
please ask me at the beginning of your consultation.



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**Please retain this copy for future reference.**

**Dr John Barletta**  
CLINICAL PSYCHOLOGIST

**Patient Intake Form**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Tel: \_\_\_\_\_

*What would you like me to help you with?*

\_\_\_\_\_

Where did you hear about me? \_\_\_\_\_

I have read, understood, agreed with, and retained the *Information and Consent Document*.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_

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**Psychologist's Notes**

**Private Health Fund:** \_\_\_\_\_

**MHTP:** \_\_\_\_\_ **Referring Doctor:** \_\_\_\_\_

\_\_\_\_\_ **Provider #:** \_\_\_\_\_

\_\_\_\_\_ **Referral date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ **Review date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Prescribed Rx:** \_\_\_\_\_

**Referral to:** \_\_\_\_\_