



PBP CONSULTANCY

Committed to the provision of confidential professional counselling

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**Prasanna Panditharatne
Registered Psychologist**

CONSENT TO TREATMENT FORM

I give consent to participate in psychological therapy, and:

1. I have been given a clear explanation of the service, the length and cost of treatment,
and when progress will be reviewed
2. I am aware of the outcome my psychologist and I are working towards
3. I understand that my autonomy, personal values, experiences and beliefs will be respected
4. I have been informed that there are limits to the confidentiality of the information I disclose in therapy, particularly if this information relates to harming myself or others, or if it is required by law (e.g. subpoena). Any disclosure to other professionals or individuals will require my written or verbal consent
5. I understand that verbal or physical aggression towards the psychologist or any other individual at the premises is considered inappropriate
6. I understand that I may be required to undertake various forms of homework as part of my treatment
7. I understand that I can obtain access to my progress notes but that this process may take up to 30 days and will incur a cost.
8. **I understand that if I do not show up to an appointment or cancel within 24hrs of my scheduled appointment, I will be charged a fee of \$50.**
9. I understand that I will be required to pay the fee at the end of the consultation (not relevant when WorkCover, TAC or Medicare is paying the bill)
10. I agree that I have been given the opportunity to ask questions prior to treatment and know that I can ask questions during the course of treatment as needed.

SIGNATURES:

Client(s): _____ Date: _____

Psychologist: _____ Date: _____