

Kerry Smith-Amato

Paediatric Psychologist

MProfPsych, PGradDipPsych, GradDipPsych, BA MAPS

FAMILY CENTRED PRACTICE

Counselling, Intervention and Assessment



CONSENT FORM

PSYCHOLOGICAL SERVICE

As part of providing psychological intervention to your child, Kerry Smith-Amato needs to collect and record personal information from you that is relevant to your child's situation, such as their name, contact information, medical history and other relevant information as part of providing psychological services to your child. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

PURPOSE OF COLLECTING AND HOLDING INFORMATION

Your child's personal information is gathered as part of their assessment and treatment, is kept securely and, in the interests of your privacy, used only by your psychologist. Your child's personal information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service to your child. A more detailed description is provided in Kerry Smith-Amato's "Privacy policy for management of personal information", which can be obtained by contacting Kerry Smith-Amato. Kerry Smith-Amato is committed to The Australian Privacy Principles under the Privacy Act 1988. Kerry Smith-Amato will continue to hold records until your child has reached 25 years of age (or 7 years from the last date of service if they are an adult).

ACCESS TO CLIENT INFORMATION

At any stage you are entitled to access your child's personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you the different possible forms of access.

DISCLOSURE OF PERSONAL INFORMATION

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

1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. failure to disclose the information would in the reasonable belief of the psychologist to place your child or another person at serious risk to life, health or safety; 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, employer, health provider or third party funder; or
 - c) disclose the information in another way; or
 - d) disclose to another professional or agency (eg. your child's GP); or
4. disclosure as required or authorised by law.

Your personal information will not be disclosed, sold, rented or disclosed for any other purpose.

PSYCHOLOGICAL TREATMENT

Observations of your child's behaviour and performance in the school setting (or other setting as agreed). Consultation with Educational personnel or other relevant professionals regarding your child, with possible outcomes of ongoing consultative support, treatment or assessment. Psychological intervention based on best practice for your child's individual needs. Administration of formal assessments considered relevant to diagnosis.

I/we hereby exempt Kerry Smith-Amato, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by Kerry Smith-Amato in relation to your child, and from any liability for any physical injury that may occur to your child whilst under the supervision of Kerry Smith-Amato, on the condition that Kerry Smith-Amato acts conscientiously in accordance with the practices and duty of care of her profession.

FEES

Initial Psychology Consultation - \$250. Ongoing Psychology Consultations - \$240.

Home or School visits will incur the required hourly rate for additional travel expenses.

CANCELLATION POLICY

If you need to cancel or postpone your child's appointment, please contact Kerry Smith-Amato at your earliest convenience. Cancellation within 24 hours will incur full fees.

APS CHARTER FOR CLIENTS OF PSYCHOLOGISTS

The APS Charter for Clients of Psychologists explains your child's rights as a client of a psychologist. This can be obtained by request from Kerry Smith-Amato.

AGREEMENT OF CONDITIONS OF SERVICES AND INFORMED CONSENT

I have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Kerry Smith-Amato, and consent for my child to be involved in individual sessions with Kerry Smith-Amato at my child's Childcare, Kindergarten or School.

Name (Parent 1) _____ Signature _____ Date _____

Name (Parent 2) _____ Signature _____ Date _____

Please sign and return this original. Please keep a copy for your records

Email: kerrysmithamato@outlook.com

Phone: 0414 385 974

Mail: Awesome Minds Child and Adolescent Centre 196A High Street, ASHBURTON VIC 3147

Provider Number: 5515826X

ABN: 98 767 362 152

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CLIENT INFORMATION

Name of Child: _____ D.O.B _____ Gender: _____

School: _____ Grade: _____

Parent/Guardian Details (please indicate relationship to child if not a parent)

1. _____ Mobile: _____

Email: _____

2. _____ Mobile: _____

Email: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Medicare Number: _____ Ref # : _____ Expiry: ____/____

Aboriginal or Torres Strait Islander: Yes ☐ No ☐

Reason for Referral: (Please provide a brief statement of your child's areas of concern or attach a referral letter)

Are there any current Court Orders pertaining to your child (eg. Parenting or Intervention Orders)

Yes ☐ No ☐ If yes, please advise of relevant details during initial consult.

Has your child been diagnosed with any medical, mental health, speech or behavioural issues?:

Is your child currently on Medication? Yes ☐ No ☐ If yes, please provide details below.

Email: kerrysmithamato@outlook.com

Phone: 0414 385 974

Mail: **Awesome Minds Child and Adolescent Centre 196A High Street, ASHBURTON VIC 3147**

Provider Number: 5515822A

ABN: 98 767 362 152

Kerry Smith-Amato

Child & Adolescent Psychologist

BA GradDipPsych PGradDipPsych MProfPsych MAPS

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Consent for Release of Information

| | |
|------------------------|--|
| Client/child's Name | |
| Date of Birth | |
| Current Address | |
| Primary Caregiver Name | |
| Relationship to Client | |

Consent for discussion with Psychologist regarding my child's ongoing care:

I authorise Kerry Smith-Amato, Psychologist to discuss my child's ongoing care and to obtain or communicate information in an ethical and sensitive way with:

(Please indicate by way of ticking if authorisation approved)

| | | |
|--|--------------------------------|--|
| | Student Wellbeing Co-ordinator | |
| | Teacher/s | |
| | GP and/or Paediatrician | |
| | Speech Pathologist | |
| | Occupational Therapist | |
| | Other people directly involved | |

Consent for release of information from an organisation to Kerry Smith-Amato, Psychologist:

I request _____ (organisation name) to send a copy of clinical documentation, reports and assessment data regarding my child to Kerry Smith -Amato, Psychologist as supporting information to assist with ongoing care.

Signature of Consent: Client or Primary Caregiver

Date

