

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

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## **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.