

# CONSULT PSYCHOLOGIST

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## Consent Form

**Confidentiality:** Information is used to develop an understanding of your son's or daughter's issues and for determining treatment. Any information you/they provide is voluntary, however, withholding requested information may result in a less accurate understanding of the problem and less effective treatment. Your son or daughter may access the material recorded in their file upon request, subject to the exceptions in National Privacy Principle 6. All information and records gathered by the psychologist during the provision of the psychological service will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Yourself or another person (including children) might be at risk of harm; or
3. Your prior approval has been obtained to
  - a) Provide a written report to another professional or agency. Eg. A medical specialist, GP or rehabilitation coordinator as listed below; or
  - b) Provide a written report to the insurance company funding your treatment; or
  - c) Discuss the material with another person. Eg. A family member as listed below:

**Cancellation Policy:** If you need to cancel, change or postpone an appointment, you must inform us by telephone at least 2 working days prior to your session. Unless exceptional circumstances arise within those two working days, such as being sick with the flu, car breaking down, having to go to hospital or a funeral, you will be charged the full cost for the session if you have not provided this period of notice. Rebates are not available for payments on late cancellations (those made less than 2 working days prior to session) or missed appointments. Please be punctual for your appointments. You are allotted 50 to 55 minutes for your session, and any time that you miss will not be added onto the time allotted for your therapy. Sessions commence 5 minutes past the hour, and finish approximately 5 minutes before the hour.

### Charter for Clients of Psychologists

The Charter listed on our website explains your rights as clients of a psychologist. Please read this and be aware that there are limitations to this service, and, if you have an urgent matter to do with your or your child's mental health, that you contact your community mental health team.

I..... have read and understood the above Consent Form and agree, for my son/daughter....., to participate in psychological therapy/assessment provided by the

psychologist. I agree to abide by the listed conditions of therapy and payment for such services. I understand that the psychologist will speak with and write to my son's/daughter's treating GP and/or paediatrician.....and give my consent for them to do so. I also give my consent for them to speak to.....

Signature..... Date:.....