

Group Programs Conditions of Service

Service:

You will receive the following services from:

Clinician Name: _____

As part of the service at *Childpsych* and *YouMatter* for you and/or your child, our staff 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 our working with you. You have indicated you would like the following group service(s). *Tick all that apply.*

Social Kids Mindful Kids Mindful Teens Lego Group

You have decided in consultation with your professional that the goals are:

- 1: Development of Peer Relationships
- 2: Understanding of Emotional Regulation
- 3: Engage in a Group Program to help facilitate Improved Social Skills

And that the following criteria will be used for evaluating progress:

- 1: Improved Emotional Regulation
- 2: Improved Social Functioning
- 3: Application of Skills Outside of Group Programs



Access:

You may access the material recorded in your file upon request subject to the relevant privacy and confidentiality laws in Queensland. Please note that your file remains the property of *Childpsych* and *You Matter*.

Confidentiality:

Childpsych and *You Matter* is committed to maintaining client privacy and confidentiality. All records are securely stored and only staff have access to your file on a need-to-know basis. We do not discuss your case with other individuals without permission.

At times *Childpsych* and *You Matter* conducts research utilising information from client’s files (e.g., Test results). Where this is done all identifying information is deleted. The exception to this is:

- If your records are subpoenaed by a court, or;
- Where we believe that harm may befall another person or we are concerned about your safety and wellbeing, or;
- Your prior approval has been obtained to:
 - Provide a written report to another professional or agency (e.g., your GP or paediatrician), or;
 - Discuss the material with another person (e.g., Classroom teacher)

The following person have understood Childpsych and You Matter’s client privacy and confidentiality, as outline above.

Name:

Signature:

Date:

Fees

Fees:

The following fee structure will apply:

4-Week Program: \$400.00

6-Week Program: \$600.00

8-Week Program: \$800.00

(Per Group Session: \$100.00)

After Hours Appointments: Due to the increased administration costs during these periods, any after-hours appointments will incur a **\$10 surcharge**. This applies to any appointments outside of our regular business hours (Monday-Friday, 9am-5pm).

Payment for Group Programs:

To secure your position in the program, you are required to pay a **100% deposit** for the whole group program at the time of booking.

Where you have not paid for the program sessions and we have endeavoured to contact you, we will process the credit card on file within 24 hours for the relevant amount or process your booking fee plus any transaction surcharges. Please note an Assessment Report will not be released until full payment has been received, unless otherwise agreed to by us.

Payments made via a credit card will incur a 1.2% surcharge fee.

Payment at any offsite location: (Ipswich, Toowoomba):

You are required to pay at the end of each session unless otherwise agreement to by us. We will process the credit card on file within 24 hours for the relevant amount plus any transaction surcharges. If you wish to make an alternative payment arrangement, please speak to Administration to later than 48 hours prior to the appointment.

Variation of Fees:

- **Assessment Packages:** Please note that while a total price is given for our assessment packages, this is based on completing the assessment process in a specified amount of time. On occasion we may request extra time to conduct assessments which will be charged for. This is very rare and should this be required we will obtain your approval first.
- **Psychology/Behaviour Consultancy Services:** If you are supported in accessing our services by a third-party fee (e.g., Medicare) you will be notified of any change in our fees. We have attempted to ensure that any change in fees has a minimal impact on your out-of-pocket expenses.
- **Change in how our services are paid for by you:** *Childpsych* has varied fees for services that reflect compliance and resourcing costs for us. If you have been receiving a service from us under an agreed fee schedule and move to a cheaper funded fee schedule during the course of treatment, then we can elect to decline the new funding option, assign you another psychologist or request you pay the difference between the old and new fee schedule.

Payment by Third Parties:

Where our services to you is paid for by a third party (e.g., Dept. of Child Safety, Medicare, Helping Children with Autism Funding, NDIS) or you are a third-party payer, you remain responsible for any cancellation fees as well as service costs (e.g., the cost of counselling sessions) and requirements for us to comply with legal requests. You remain responsible for ensuring you have adequate funding on the day of your appointment. **NDIS Self-Managed clients are required to pay on the day of the consultation.**

NDIS:

By signing this Conditions of Service agreement, you agree to adhere to *childpsych and You Matter Psychologists* cancellation policy. Any "no show" to appointments will be charged at the full rate your sessions have previously been billed/priced at. Any reduced fee is given as goodwill and can only be approved by the Director of *childpsych and You Matter Psychologists*.

Complying With Legal Requests:

Where we are required to comply with a legal direction (e.g., Subpoena) we will charge our reasonable fees. For example (but not limited to), we may charge time spent in preparation for court, time travelling to court, and time in court. You remain responsible for all costs incurred, less any subpoena monies we may receive. Our compliance with legal requests follows the Australian Psychological Society schedule of fees.

The following person is responsible for paying for group programs, understands relevant the cost of each program, and when payment is required.

Name:

Signature:

Date:

Cancellation Policy

Group Program Cancellation Policy:

If you are enrolled in a group program, we will charge **100% of the missed session fee** as it is not possible to fill your slot in such programs. Should you be unable to attend a session, any worksheets or information that are relevant to the missed session can be forwarded.

If you elect to withdraw from the program within seven (7) business days' notice, the **deposit will be withheld and processed as a late cancellation fee**. Administration will endeavour to fill your position in the program with another client. In the circumstance that administration is able to fill your position, 50% of the cancellation fee may be refunded. Unfortunately, there are no exceptions. We will process your credit card for the relevant amount plus any transaction surcharges. Any reduced fee is given as goodwill and can only be approved by the Director of *Childpsych*.

Last minute cancellations and appointment no-shows directly affect our practice and the ability to offer a fair service to all clients. We understand that sometimes bookings need to be changed and we kindly request **at least seven (7) business days (Monday-Friday, 9am-5pm) before commencing the program**, excluding Queensland public holidays, so that the group program position can be provided to another client.

If cancelled with less than seven (7) days' notices, a 100% cancellation fee will be charged. If administration is able to fill your position with another client, a 50% refund may be returned. Please note, the SMS and email reminder is sent as a courtesy only.

Failure to receive the SMS and email is not accepted as reason not to attend your appointment or if cancelling within the required seven (7) business days.

The following person is responsible for cancellation fees, and they have understood our practice's cancellation policy.

Name:

Signature:

Date:

Outstanding Money

If we are required to collect any outstanding money which you have failed to pay, you are then liable for all costs incurred in this process which includes interest charged daily at 10%p.a. cost of debt recovery, our administration time and any associated legal costs. We will revoke our goodwill by having a reduced fee for cancellations and all fees will become full fees.

Your Rights and our Commitment to You

- Psychologists of *Childpsych* adhere to the Australian Psychological Society's (APS) charter and ethical standards for clients of psychologists. You may access this on their website or from us.
- Teachers of *Childpsych* adhere to the Queensland College of Teachers ethical guidelines. You may access this on their website or from us.
- If we cancel your appointment and fail to give you 48 hours/2 business days' notice, then we will deduct 50% off your next session/ or bulk bill your session.
- An SMS will be sent as a reminder of your psychology appointments as a courtesy service. Failure to receive the SMS is not accepted as a reason to not attend your appointment or if cancelling within the required 48 hours/2 business days.
- We will not "double book" your appointment time and will reserve your allocated time for your family/child.
- Your professional will undergo performance appraisals and be required to engage in regular supervision and professional development.

Complaints and Dispute Resolution

If you are unhappy with the service, you are receiving we strongly recommend you discuss this with the professional in the first instance. If you continue to be concerned about the service then please contact the Director of *Childpsych*, Philip Gosschalk. Under consumer protection you may also speak to the Australian Competition and Consumer Commission (ACCC) on 1300 302 502 if you disagree with our conditions of service.

I, (*print name*) have read and understood the above terms on behalf on my child (*child's full name*) and myself. I agree to these Conditions of Service provided by *Childpsych*.

Parent/Guardian Signature:

Date:

Authority to Release Information

I, *(print name)* hereby give permission for
..... *(professional's name)* of *Childpsych* to contact the
following persons in the course of their working with my child,
..... *(child's name)*

- 1: Visiting consultants where applicable (e.g., Paediatrician, Speech Pathologist)
- 2: School Staff (e.g., classroom teacher, school counsellor)
- 3: _____
- 4: _____
- 5: _____

I give authority for the above people, including the professional at *Childpsych*, to share information about my child. I understand that such information may include: school reports, teacher observations, completion of questionnaires, discussions with the above people about my child and the sharing of reports.

Parent/Guardian Signature:

Date:

