

**Mrs. Kirsten Chalmers**  
 Educational & Developmental Psychologist  
 Registered Supervisor  
 MA (Ed & Dev Psych) MAPS FCEDP

Suite 18 / 50 New Street Ringwood Vic 3134  
 P O Box 1369 Mitcham North Vic 3132

Tel: 0425 137 375  
 kirsten@myturn2talk.com  
 www.myturn2talk.com



**Professional Agreement (2019-2020)**

FULL NAME: (OF PERSON RESPONSIBLE FOR ACCOUNT)		DATE:	
CONTACT DETAILS:	(H) _____	(M) _____	
E-MAIL ADDRESS:	_____		
CHILD'S NAME:	_____		
DOB:	_____	AGE:	_____
ADDRESS:	_____		
	_____	POSTAL CODE:	_____
RECOMMENDED BY:	GP / SCHOOL / WEBSITE / FRIEND / OTHER: _____		
REASON FOR ATTENDANCE:	_____		

**Permission to Consult:**

I, \_\_\_\_\_ am the legal guardian / parent of \_\_\_\_\_  
 \_\_\_\_\_ and hereby give permission for my son/daughter to attend  
 counselling / assessment session(s) with **Mrs Kirsten Chalmers** at myturn2talk Psychological  
 Services and confirm that there are no current court orders in place preventing the client from  
 attending counselling.

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## **TERMS & CONDITIONS OF SERVICE**

Please read this agreement carefully, as by proceeding you will be deemed to have accepted these terms.

### **Confidentiality:**

Personal information pertaining to your current situation will be collected as a necessary part of psychological treatment. This information will remain confidential except in the following instances:

1. Information is subpoenaed by a court of law
2. Failure to disclose information will put you or another person at risk of harm
3. Prior consent is received to release information that has been obtained
4. In the event that you are claiming a rebate from Medicare, progress reports are required by Medicare to be sent to the referring agency (e.g. your GP, paediatrician and/or psychiatrist)
5. In the event that a bill has not been paid, basic information may be provided to a debt collector
6. In keeping with professional responsibilities as outlined by the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Psychological Society (APS) I may discuss de-identified aspects your case with my supervisor. The duty of confidentiality extends to my supervisor who is also a registered professional.
7. Finally, by way of respecting your privacy, if I see you outside of the office premises, I will not approach or acknowledge you unless you do so first.

### **Description of Services & Associated Fees:**

Psychological services include counselling and assessment services. A typical counselling session lasts no more than 50 minutes plus 10 minutes for payment, rebooking and administration.

At your 6 session review, time will be allocated in session for us to complete your review letter together (required by Medicare), which you can then take with you to your next GP appointment.

These are face-to-face counselling sessions. Unfortunately I do not offer telephone counselling or advice via e-mail or text message. If you would like to send me an email or text (on occasion) regarding your concerns prior to a session, please ensure you send these at least 48 hours prior to your session. I will acknowledge receipt by reply only (no calls) and incorporate issues raised in the session.

In the event of counselling minors, it is vital that parents/guardians are a part of the counselling process. In keeping with this, you will be invited to raise concerns in the first 10 minutes of the session. If you choose not to be available at this time, summary information will not be forwarded to you unless requested in writing in which case the relevant fee will be charged.

## Emergency

Unfortunately, I am unable to offer emergency support as I cannot guarantee my availability. If you find yourself in a crisis situation please call "000" or Lifeline on 13 11 14 or any crisis support service of your choice that offers 24-hours support.

## Fee Summary: (please see full fee schedule attached)

- The current fee is **\$185.00\*** per session. This fee is due in full and payable in session. *If you qualify for the Medicare rebate, you will be reimbursed approx. \$86.15 immediately following settlement of account.*
- *Assessments attract a booking fee of **\$185.00** for each assessment block booked. Unfortunately Medicare does not cover Psychological Assessments*

## Cancellations

Unfortunately it is virtually impossible to fill missed appointments, as such you must agree to the following notice periods and cancellation fees in order to benefit from these services:

- I require **48-hours** notice of cancellation for Counselling Sessions, or the full fee\* will be charged and I require **7-days notice** for an Assessment booked or a Medical Certificate or you will forfeit your deposit.  
*\* Medicare will not rebate for cancelled services.*
- I reserve the right to request up-front payment for after-hours sessions.
- Outstanding bills: If for some reason the payment is unsuccessful you will need to access <http://www.myturn2talk.com/fees.html> and pay via direct debit prior to booking your next session, as I am unable to take payments over the phone.

## Arrival and late attendance

I regret that I cannot make up time if you are late.

## Non-attendance of sessions:

If you do not attend a session and you have not contacted me prior to inform me that you are unable to attend, I will assume that you no longer wish to continue. The full payment of the session will be due and payable prior to recommencement.

## Changes of Terms

myturn2talk reserves the right to update terms, including, but not limited to, updating fees and imposing new conditions, at any time without notice to clients. The most current version of the terms can be reviewed by clicking on the "Terms and Conditions" hypertext link located on the "Fees" tab of our website. Attending sessions will constitute acceptance by clients and / or guardians of such changes, modifications or additions.

I trust you will agree that this is a fair and reasonable policy and thank you for your understanding and cooperation. I, the undersigned, have understood and agree to the fees and terms outlined in this agreement.

**NB:** *If, after reading these you are unclear about anything, please discuss it with me **before** signing.*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tick if you would like a copy of this page for your records.

