



Train your brain, change your life.

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for the Solstice Discretionary Trust
ACN: 107 4 72720 ABN: 67 664 403 107
NDIS approved provider

CLIENT INFORMATION FORM

Child Adolescent Adult Family Couple

Name: Dr/Mr/Mrs/Miss/Ms/Mx/Master/Other (Circle) First Name(s) Surname(s)

DOB: Gender: Female/Male/Non-Binary/Other Ethnicity:

(if child, please provide parent/carer/guardian Full Name) DOB:

Address:

Contact: (Please tick preferred method of contact)

Home Phone: Mobile: Work:

Email:

Do you require assistance with communication (please tick) Yes No

If yes; please advise

Medicare No. Position on card Valid To:

Nominated Payer: (Parent/Carer must be listed as 'payer' if child under 12)

Medicare No. Position on card Valid To:

Next of Kin/Emergency Contact: Phone:

Referred by: (or how did you find us)

Fee Rebate: MBF, Medibank Private, Other:

Billing Organization (please include contact details)

Work Information:

Family Information:

Reason for Referral:

- Courtesy requires that at all times, both clients and clinicians maintain a respectful attitude and manner of interaction towards each other.
1/ We understand that a 48 hour notice of cancellation is required for any appointment and failure to do so will incur the appointment charge.

SIGN: DATE:

(see reverse side for privacy policy)

POLICY FOR MANAGEMENT OF PERSONAL INFORMATION

This document describes the policy of Brain Care for the management of clients' information. The psychological service provided is bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000. This document is available for viewing on request.

Client Information

Client files are held in a secure filing cabinet, which is accessible only to authorised employees. Computer files are protected by passwords, which are accessible only to authorised employees. The information on each file includes personal information such as name, address, contact phone numbers, and other information, which is relevant to the psychological service being provided. When the rooms are unattended, the office is securely locked and is alarmed to base.

Purpose of Holding Information

The information is gathered as part of the assessment, diagnosis, and treatment of the clients' condition. The information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service.

Limits of Confidentiality

Exceptions to confidentiality are:

Disclosure by a client to harm another person or attempt suicide.

Suspected abuse of a child or a vulnerable adult.

Admitted prenatal exposure to controlled substances that are potentially harmful.

Court order to release records.

Upon collection of unpaid debt, client details necessary to facilitate recovery of unpaid monies may be released. These details DO NOT include specific content of services provided, such as diagnosis, treatment plan, case notes or testing.

Where insurance companies and other third party payers request information such as dates/times of service, progress of therapy reports and other relevant information to facilitate payment.

When placing calls to clients to confirm or cancel appointments, all care is taken to protect the confidentiality of the client, and discretion is our priority.

Concerns

If you have a concern about the management of your personal information, please inform us. Ultimately, if you wish to lodge a formal complaint about the use of, or access to, your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992, or GPO Box 5218, Sydney, NSW 1042.