

# INNERSTRENGTH SERVICES Pty Ltd

ABN: 46072441064

Contact: [Info@innerstrengthservices.au](mailto:Info@innerstrengthservices.au)

Counselling Services

INTAKE FORM

Name:

D.O.B

Age:

Male/Female/Other:

Country of birth:

Address:

Suburb:

Postcode:

Phone:

Email:

Emergency contact:

Phone:

Treating Dr:

## TERMS OF USE

Welcome to **InnerStrength Services Pty Ltd**. Our terms of service and your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees and cancellations are provided below.

**PERSONAL INFORMATION:** All information obtained during your treatment is kept confidential and secure, except when: (1) It is subpoenaed by a court; (2) Failure to disclose the information would place you or another person at risk of harm; or (3) Your prior approval has been obtained to: (a) provide a written report to another professional or agency—e.g. to a lawyer; or (b) Discuss the material with another person—e.g. a parent or employer

**INFORMATION SECURITY AND ACCESS:** In the course of your treatment, personal information about you is collected to enable your treatment. All notes taken in the course of your treatment and all communications relating to your treatment become a part of your clinical records. Your clinical records are stored securely, which you consent to as a patient of this practice. You have a general right to access your records (subject to some exceptions which mainly relate to privacy, health or

legal considerations) and can request access to your records. Your request must be made in writing, after which your request will be discussed with you. We are required to store your personal information for 7 years after ceasing engagement with your treating counsellor.

**Name:**

**Signature:**

**Date:**

**CONSENT TO SHARING OF INFORMATION** Permission is given for Innerstrength Services Pty Ltd to obtain and exchange appropriate written, electronic or verbal information with the following persons/agencies (circle): Treating Referrer Psychiatrist GP Other Permission is given until I withdraw my authority in writing or for the following period from the date of this authority: In writing 1 year Other

**CONFIRMING APPOINTMENTS:** We will endeavour to contact you via SMS or email to confirm appointments; however, it remains your responsibility to be aware of your scheduled appointments.

**TIME AND PUNCTUALITY:** A consultation will usually last 50mins. If you are late, your consultation will usually still finish at the scheduled time, to be fair to your treating counsellor and the patients appointments after yours.

**CANCELLATION POLICY:** If you need to cancel or postpone an appointment we require at least 24hrs notice. Cancellations less than 24 business hrs notice will incur a fee of \$60. If fee is not paid, we reserve the right to utilise a debit collection service to recoup the funds.

**SERVICE/CONSULT FEES:** Fees are payable within 7 days of your appointment. Payments accepted include electronic funds transfer.