



Client Consent Form

Kia ora, I look forward to getting to know you and working with you in the near future. As a Registered Psychologist I have certain conditions I need to work under, which are there to give you confidence and protection in the services provided to you. Please read over these carefully, sign and return to me either at your first session or by email (see address above). I am happy to discuss them further. I encourage you to also have a look at your rights as health care consumer:

www.health.govt.nz/your-health/services-and-support/your-rights

Informed Consent

- ❖ I agree for Tina Berryman-Kamp to work with me
- ❖ I understand that a full explanation of the process involved in service provision will be provided and any questions or concerns I raise will be addressed
- ❖ I understand that this is a confidential service and that information disclosed remains between Tina and me (what is said here stays here). I further understand that there are limitations to this confidentiality, and that Tina Berryman-Kamp, as a Registered Psychologist, has a duty of care to:
 - disclose information to prevent harm or injury to myself or others
 - report harm of children or vulnerable people (eg elderly/disabled)
 - release my information if required to do so by a court order
- ❖ I give permission for Tina Berryman-Kamp to share relevant information with other professionals/agencies involved in my care, with the purpose of improving the services provided. I understand this will be discussed with me prior, unless the exceptions to confidentiality apply as above
- ❖ I understand that Tina Berryman-Kamp regularly undertakes professional supervision, where my case may be discussed in order to ensure the best and safest possible care is provided. Supervision is provided by a Registered Psychologist who is bound by the same limits of confidentiality and practice
- ❖ I understand and agree that Tina Berryman-Kamp is required to keep a record of our sessions and contacts, and that I can ask to see the contents of this file. I understand that this file is only accessible by Tina Berryman-Kamp, is kept in a secure location, and is required to be stored for 10 years after our final contact
- ❖ I understand that Tina Berryman-Kamp operates from certain models of training, practice, culture and value bases, that these may differ from my own, and that I am able to discuss these with Tina to determine the suitability of the sessions for my needs. Tina and I will

determine together how to best approach this, and to consider alternatives where indicated

- ❖ I understand that Tina Berryman-Kamp does not provide crisis cover, and that consultation is provided by appointment only. If I need help urgently, I will contact my GP, the Te Whatu Ora Lakes Acute Response team (0800166167 - 24 hour) or phone/text 1737 (see www.1737.org.nz) to talk with a counsellor or peer support person. In the event of emergency I will contact 111
- ❖ I agree to notify Tina Berryman-Kamp as soon as possible if I am unable to attend any appointment or need to reschedule. I understand that I will be charged if I fail to attend an appointment or for any late cancellations - see details below
- ❖ I understand and agree that I will be invoiced after the session, that payment of this invoice will be made within 7 days, and that overdue invoices incur additional fees

Declarations

I have provided accurate information and understand and agree to the content of this document

Client Name: _____

Client Signature: _____ Date: _____

Please provide the following information:

Date of birth: _____ Phone number: _____

Email: _____

GP name/Surgery: _____

Emergency contact name: _____

Emergency Contact Phone: _____ Relationship to you: _____

Fees (GST inclusive)

Standard Session (50 minutes)	\$180
Initial / Extended Consultation (80 minutes)	\$270
Failure to attend - no notice	Full fees
Late cancelation (under 24 hours)	\$90 standard session; \$135 extended session
Overdue invoice	\$20 per week

NB: If eligible, you can access funding to assist with costs via MSD - see

www.workandincome.govt.nz/eligibility/health-and-disability/counselling.html