



Consent For Participation in Psychological Assessment

Participant's name:

Information

Evaluations and assessments will be administered either by, or under the supervision of clinical psychologist Dr Jo Winther (PhD). Feel free to ask any questions before signing this document and understand your / your child's participation in the assessment is completely voluntary.

Qualifications

Dr Jo Winther is a registered clinical psychologist with Australian Health Practitioner Regulation Agency (AHPRA). She has a PhD from Melbourne University and a Master of Applied Science (Psychology) from RMIT. She has experience in administering and conducting assessments for the purposes of behavioural assessments, mental health assessments (diagnostic purposes), risk assessments, cognitive and educational assessments and autism spectrum disorder assessments.

Psychological assessments include:

- A clinical interview
- Screening assessment questionnaires (youth, parent/career/teacher)
- Cognitive assessment
- Academic assessment

**These assessments can take over six hours to administer and score. Report writing requires additional time.*

Fees

Assessments are billed on an hourly rate (\$220). The fee includes any time taken to administer interviews, score and interpret questionnaires, and write a report. A rough guide will be quoted prior to the assessment (however this will only be able to be an estimation of the time and fee required). All fees will need to be paid prior to a report being released. Assessments and reports can not be billed under Medicare. NDIS will provide funding for certain assessments and reports – please check with NDIS prior to consenting for this assessment.



Confidentiality

All personal information gathered by the psychologist during the provision of the psychological service will remain confidential except when:

1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. failure to disclose the information would in the reasonable belief of AJ Psychology place you or another person at serious risk to life, health, or safety; or
3. your prior approval has been obtained to
 - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
 - b) discuss the material with another person, eg. a parent, employer, health provider or third-party funder; or
 - c) disclose the information in another way; or
 - d) disclose to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected.

By signing this document you have read and understand the information and you have been given the opportunity to ask questions and agree to the terms described.

I, (print your name in Block Capitals), have read and understood this Consent Form.

Relationship to Participant of the person consenting: _____
(if not the participant)

Signature Date

Witness Date
(by signing this you are satisfied that the consenting person understands what they are consenting to)

Please note: If after reading this form you are at all unclear about any of the information provided, please discuss this with your psychologist.