**Statement for the Provision of Psychological Services**

This document provides information relating to the psychological services supplied by Registered Psychologist Jorg Thonnissen (B.Psych., M.A. Psych.) MAPS, the limits of confidentiality, as well as describing my policy for the management of client information and other relevant policies and procedures.

**For services provided by Jorg Thonnissen Registered Psychologist, Perth Western Australia, 25/5/2013**

Contents

[Relevant Legislation 2](#_Toc358715116)

[Management of Clients’ Personal Information 2](#_Toc358715117)

[Purpose of collecting and holding information 2](#_Toc358715118)

[Client Information 2](#_Toc358715119)

[Confidentiality 2](#_Toc358715120)

[Suicide Risk Policy 2](#_Toc358715121)

[Applied Treatment Strategy and Aims 3](#_Toc358715122)

[Assessment 3](#_Toc358715123)

[Information 3](#_Toc358715124)

[Intervention 3](#_Toc358715125)

[Session Effectiveness Assessment (SEQ): 3](#_Toc358715126)

[Requests for access to client information 4](#_Toc358715127)

[Concerns 4](#_Toc358715128)

[Fees 4](#_Toc358715129)

[Cancellation Policy 4](#_Toc358715130)

[Other Important Information at a Glance 5](#_Toc358715131)

[Booking Days, Times, Location, Support Links, Policies and Payment Information 5](#_Toc358715132)

[My Location & Contact Phone No’s 5](#_Toc358715133)

[Email response times 5](#_Toc358715134)

[Emergency contacts 5](#_Toc358715135)

[Philosophical orientation 5](#_Toc358715136)

[Example treatment plan overview 5](#_Toc358715137)

[Support Downloads online 5](#_Toc358715138)

[Payment Information 5](#_Toc358715139)

[Consent Form For The Provision of Psychological Services 6](#_Toc358715140)

## Relevant Legislation

The psychological services provided by me are bound by the legal requirements of the:

* *Psychologists Act 2005 (WA)*
* *National Privacy Principles from the Privacy Act (1988)*
* *Health Privacy Principles from the Health Records Act 2001*
* *Australian Psychological Society (APS) Code of Ethics*

## Management of Clients’ Personal Information

As part of providing psychological services to you which may include (but is not limited to) counselling, motivational interviewing, problem-solving, skills training, cognitive-behavioural therapy, psychological assessment, group therapy, relaxation strategies, skills-training, hypnotherapy; I will need to collect and record personal information from you that is relevant to your current situation.

## Purpose of collecting and holding information

This information is a necessary part of the psychological assessment, diagnosis and/ or treatment that is conducted and may include information, data and results from questionnaires, interviews, referrals from third parties or other sources, and/ or the consultation session itself; and may incorporate written information as well as audio and visual images from digital recordings. The information is seen only by me, and is retained in order to document what happens during sessions, and to enable me to provide a relevant and informed psychological service to you. You do not have to give all your personal information, however this may also mean that psychological services may not be able to be provided to you.

## Client Information

Client files are held in a secure filing cabinet, which is accessible only to authorised employees. The information on each file includes personal information such as name, address, contact phone numbers, and any other information which is relevant to the psychological service/s being provided.

## Confidentiality

All personal information gathered by me during the provision of the psychological service will remain confidential and secure except where:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to:
   1. provide a written report to another professional or agency. eg. to provide feedback to the GP who prepared a GP Mental Health Care Plan to refer you to the psychologist under the Allied Health and Dental Services Initiative; or
   2. discuss the material with another person, eg. a parent or employer.

There are other situations when disclosure of your personal information is permissible without your consent; or in situations when disclosure of your personal information is otherwise required or authorised by law to prevent, investigate or prosecute a crime or offence, e.g. suspected child, elder, dependent adult abuse. In these circumstances, only the necessary information will be conveyed.

## Suicide Risk Policy

Please note that if a client makes a suicidal threat to kill or severely harm him or herself and/or I believe my client is at risk for committing suicide, I must act decisively as follows:

1. First, we will have to discuss ideation versus actual intent of the threat.
2. We will have to assess whether there may be other risk factors for suicide completion e.g., coping skills, level of impulsivity, family members or friends that have committed suicide, suicide plan, means, presence of weapons or medications etc.
3. If it should be evident that my client has suicidal ideation but not intent, we may decide to establish a "no suicide" contract. This contract outlines the procedures for what my client should do in the event of a crisis, and includes a follow-up appointment.
4. In addition, we may also need to review the client’s methods of coping with distress (e.g., soliciting support from supportive family members or friends) and see how this could be helpful.
5. If a client appears to be at high risk to carry out a suicide, or informs me of a plan with the intent to follow through, then I have no choice but to take legal action to protect my client's life.
6. In this case I would need to call the police or a mental health professional designated to evaluate a client's need for involuntary hospitalization. Doing so would obviously jeopardize the client's confidentiality; however, in this case it is ethical and legal, as it is more important to protect the client from harm.
7. If the client who threatens to commit suicide is a minor, then his or her parents or legal guardian must be also notified of the threat.

## Applied Treatment Strategy and Aims

My therapeutic approach typically consists of the following process:

### Assessment

* + 1. Clients are encouraged to complete a self-reporting psychoanalytical type questionnaire as well as a situational type questionnaire designed to provide information about stressors (severity to be rated on a scale from 0-10), thus defining currently held belief patterns and their likely causes and undesired consequences that need to be addressed over the course of therapy (e.g. lack of motivation, lack of confidence, negative thoughts, anxiety, depressive thoughts, etc.).
    2. For food or nicotine addictions additional questionnaires are administered that help determine addictive behavioral patterns, negative thoughts and possible levels of emotional attachments to the addiction. Hypnotherapy for Pain Management also utilizes a different type of intake questionnaire which I will discuss with you prior to forwarding.
    3. Personality type assessments may also be administered to provide for greater self-knowledge for example where relationship issues cause conflict between individuals or where a clients’ lack of confidence, increased levels of anxiety, etc. may be due to a lack of understanding that different personality types have different kinds of psychological needs.
    4. Based on the collection of the above information, a client interview during the initial consultation is designed to further define the goals of therapy and thus establish a level of measurability that allows for an assessment of session effectiveness over the duration of therapy (see also ‘Session Effectiveness Assessment’ further below)

### Information

Prior to the initial consultation my clients will have received information about:

* + 1. A privacy statement named ‘Statement for the Provision of Psychological Services’ (i.e. this document ) which provides information relating to my fees, Informed Consent, the limits of confidentiality, as well as describing my policy for the management of my clients’ information and other relevant policies.
    2. Information outlining my contact details, appointment times, my email response times, session costs including bank details and terms and conditions, emergency phone numbers as well as web links to a host of emergency counselling organisations, treatment plan overview, my philosophical orientation, and a web link to download additional session support materials such as worksheets and hypnotherapy audio recordings.
    3. Information aimed at educating my clients about the use of Hypnotherapy and Cognitive Behavioral Therapy (CBT) including some research abstracts and links to reputable websites containing further information.

### Intervention

Assessment Interview, Problem definition, Cognitive Behavioral Therapy and

Hypnotherapy.

* + 1. Once the clients’ problem focus has been determined through the assessment process, Cognitive Behavioral Therapy (CBT) techniques are used to teach clients solution focused skills to manage and overcome their psychological problems through recognising and challenging their undesired negative thoughts and beliefs. Relevant CBT worksheets will be made available for download from my website and clients are encouraged to utilise those between therapy sessions.
    2. These solution focused skills are further reinforced through the use of hypnotherapy techniques usually applied in the second half of the therapy session. The hypnotherapy session typically consists of deep relaxation techniques, positive self-statements, solution focused reinforcement suggestions in relation to the clients’ problem definition, as well as positive projections of how the client sees him or herself addressing challenging situations in the future. Hypnosis recordings relevant to the clients’ problems will be made available for download from my website as part of therapy. Clients are advised to listen to these recordings frequently between sessions.
    3. In my experience, due to the combination of assessment and therapy techniques outlined above as well as the increased client focus (sessions are usually in excess of 120min) the total amount of sessions to affect the desired changes may be greatly reduced.

### Session Effectiveness Assessment (SEQ):

My client feedback component takes the form of a ‘Session Effectiveness Questionnaire’(SEQ)

* + 1. In the SEQmy client is asked to chart his or her progress between therapy sessions.
    2. In addition to charting progress, it also provides my client with a tool with which he or she can determine whether issues are resolved or not and thus to some level self-determine whether further therapy is required or not.
    3. The SEQ is based on the answers given during the intake consultation (client is asked to define up to 3 core issues/problems that need to be addressed and which will be discussed during intake).
    4. As part of the therapy process I will ask you, the client to discuss your progress (based on the answers given in the SEQ) at your next scheduled appointment with the referring health practitioner should you wish to do so. At this stage the referring health practitioner may also want to ask your permission to make a copy of the SEQ to add to his or her client file for future reference.
    5. In order to discuss specific feedback on your behalf with the referring health professional I will need to be in possession of written client consent first in order to safeguard that client confidentiality is not breached.
    6. Thus, to ensure that such issues of confidentiality do not occur in the first place, and to foster better communication between health professionals and client/patient, it is my aim to first and foremost motivate you to share your insights and experiences achieved as a consequence of therapy directly at the scheduled follow up appointment with your referring health practitioner. This structured and transparent feedback approach then would have verbal as well as written qualities and, something I believe is a more holistic approach and therefore better outcomes.

## Requests for access to client information

At any stage, you as a client are entitled to access the information about you kept on file, unless the relevant legislation provides otherwise. The psychologist may discuss with you appropriate forms of access. If requested, viewing of audio or visual recordings of previously recorded sessions can be arranged at my office and may incur a fee. Viewings will need to take place in my office and the fee includes my availability for comment or discussion. All requests by clients for access to information held about them should be lodged with ***Jorg Thonnissen, 79 Eton Street, North Perth WA 6006.*** These requests will be responded to within 14 days and an appointment will be made if necessary for clarification purposes.

## Concerns

If you have a concern about the management of your personal information, please inform ***Jorg Thonnissen, Psychologist.*** Upon request, you can obtain a copy of the National Privacy Principles/ Health Privacy Principles, which describe your rights and how your information should be handled. 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*
* *Office of the Health Services Commissioner on 1800 136 066, or 30th Floor, 570 Bourke St, Melbourne, VIC 3000*

## Fees

The type and cost of our Initial and Standard consultation sessions are outlined below. These fees are usually payable at the end of the consultation, and can be paid either by cash, cheque or electronic fund transfer *(please ask for account details if this is your preferred payment option).*

**Please note that our prices with Medicare rebate and without Medicare rebate (Full Fee) for focused psychological services provided at our Consulting Room for Individuals are as follows:**

**TYPE FULL FEE MEDICARE REBATE GAP**

All Consultations (120 min) **$250.00 $84.80** (item80110) **$165.20**

In addition to prices indicated above, services provided outside of the Consulting Room (i.e. home visitations) attract travel charges (see below):

**TYPE TERM OF PAYMENT FEE**

Travel to and from location pay on the day **$80** (within Perth area)

***Please note:*** *for services provided at other locations, higher Medicare rebates apply (i.e. $100.40 per session based on MBS item 80115 for 50+ minutes consulting time). In some cases, discounted charges (Full Fees) may apply to clients who can provide evidence that they are experiencing financial hardship. The provision and applicable amount of such discounts are entirely at the discretion of the psychologist.*

## Cancellation Policy

If, for some reason you need to cancel or postpone the appointment, please give at least 12 hours notice otherwise you may be charged the cost for the session.

## Other Important Information at a Glance

|  |  |  |
| --- | --- | --- |
| Booking Days, Times, Location, Support Links, Policies and Payment Information | | |
| **Appointments** | | |
| **Week Days** | **Times** | |
| Tuesdays | 10:30am, 1:30pm, 4:00pm, 6:30pm | |
| Wednesdays | 10:30am, 1:30pm, 4:00pm, 6:30pm | |
| Thursdays | 10:30am, 1:30pm, 4:00pm, 6:30pm | |
| **Note:** additional days and times can be negotiated where exceptional circumstances apply. | | |
|  | | |
| My Location & Contact Phone No’s | | 79 Eton Street, North Perth WA 6006 Ph:08 6460 3531 or Mobile: 0411 696 693 |
| Email response times | | I will endeavor to **read and respond** to emails **within 24 hours** (unless otherwise specified). I do not check emails on Saturday, Sunday or public holidays. |
| Emergency contacts | | If your matter is urgent and you can’t get in touch with me contact the following organisations:  **Lifeline: 13 11 14** (24 hour 7 days free emergency counseling)  <http://www.lifelinewa.org.au/>  **BeyondBlue: 1300 22 4636** (for depression, anxiety, issues of substance abuse)  <http://www.beyondblue.org.au/>  **Family Help Line: 1800 643 000**  (for families experiencing distress)  <http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=2565>  **Kids Help Line: 1800 55 1800** (for kids experiencing distress)  <http://www.kidshelp.com.au/>  **Parenting WA Help Line: 08 6279 1200** (for parents experiencing distress)  <http://www.communities.wa.gov.au/parents/Pages/default.aspx>  **Drug & Alcohol WA Help Line: 08 9442 5000** (for drug and alcohol issues)  <http://www.dao.health.wa.gov.au/>  **Gay & Lesbian Counselling Services** **08 9420 7201 (metro) 1800 184 527 country** <http://glcs.org.au/glcs-services/counselling-information-line/>  [**WA AIDS Council Counselling Services**](http://waaids.com/Counselling/) **08 94820000**  <http://www.freedom.org.au/>  **Mental Health Emergency Response Line: 08 9224 8888:**  (for psychiatric issues)  <http://www.health.wa.gov.au/services/detail.cfm?Unit_ID=172> |
| Philosophical orientation | | <http://www.hypnoticimpact.com.au/hypnotherapists/jorg> |
| Example treatment plan overview | | <http://www.hypnoticimpact.com.au/medicare-rebates/general-therapy-approach> |
| Support Downloads online | | [http://www.hypnoticimpactsupport.weebly.com](http://www.hypnoticimpactsupport.weebly.com/) |
|  | | |
|  | | |
| **Payments** | | |
| Payment Information (costs per visit unless otherwise specified or negotiated) | **$250** cash - **Please NOTE:** We do**NOT** accept Credit Cards or Bank Cards  If you want to use EFT from your smartphone or your computer, payment will have to be received before session commencement or latest on day of appointment –  see bank details below | |
| **Bank Details** | | |
| **ING** | BSB:  923100      Account No:  76401765 - made out to: Jorg Thonnissen | |

***Please Note:*** *If, after reading these pages, you are at all unsure of what is written, please discuss it with me.*

**See next page for Consent Form**

(Please print out Consent Form read and complete where appropriate)

## Consent Form For The Provision of Psychological Services

For services provided by Jorg Thonnissen Psychologist, 79 Eton Street, North Perth WA 6006

I, ………………….……….………………................. **(Full Name)** acknowledge and confirm that prior to session commencement:

1. I have read and understood, or had explained to me, the contents of the document *Statement for the Provision of Psychological Services*, which includes information about confidentiality and the requirements regarding disclosure and the use of information, as well as descriptions ofthe limits of confidentiality.
2. I am aware and give permission that my therapy sessions may be recorded and recordings will be held by Jorg Thonnissen, Psychologist.

I understand the information outlined above and agree to all conditions.

…………………………..………….......………… **Date** ……………………..

1. **Client Signature**
2. I hereby authorize Jorg Thonnissen, Psychologist, to hypnotize me for the purposes discussed during my intake session, and for other purposes that I may request. I understand that the success of hypnotherapy greatly depends on my own ability and desire to affect change in myself.
3. I understand that I have other choices from which to seek assistance regarding my specific concerns, and I have chosen hypnotherapy at this time.
4. I understand that during the hypnotherapy session Jorg Thonnissen, Psychologist, may need to touch my arms, shoulders or head as an anchoring technique. Jorg Thonnissen, Psychologist, has demonstrated such touch to me and I have given permission for such touch to take place
5. **I also understand that in the event of having received hypnosis recordings or have been advised to download recordings from a therapy support website I should only ever listen to such recordings when it is safe to do so and never drive or operate machinery whilst listening to such recordings.**

I understand the information outlined above and agree to all conditions.

…………………………..………….......………… **Date** ……………………..

1. **Client Signature**
2. I consent for additional information relevant to the current referral (diagnosis/ assessment/ treatment) to be **obtained from** OR **disclosed to** the person (s) listed below.

|  |  |  |
| --- | --- | --- |
| Name of Third Party | Address and/ or Phone Number (if known) | Relationship to Client |
|  |  |  |
|  |  |  |
|  |  |  |

1. I have been informed what information will be disclosed to whom, why this disclosure is considered necessary, as well as the possible consequences to me that may result from disclosing this information.
2. I understand that in giving consent to disclose information to the person(s) listed above, Jorg Thonnissen will be revealing that I have been receiving psychological services. I understand that this consent remains valid only as it relates to the current referral (diagnosis/ assessment/ treatment), and that this consent can be withdrawn by myself at any time.

…………………………..………….......………… **Date** ……………………..

1. **Client Signature**

**RELEASE STATEMENT (if Buddhist Mindfulness has been elected):**

1. I have read the forwarded document ‘About Buddhist Mindfulness Meditation’ and the attached information contained in the book ‘Buddhist Mindfulness and the true nature of conflict’ by Jorg Thonnissen.
2. I understand that I have other choices from which to seek assistance regarding my specific concerns, but I have chosen to use the Buddhist Mindfulness strategy outlined in the book at this time.

I understand the information outlined above and agree to all conditions.

…………………………..………….......………… **Date** ……………………..

1. **Client Signature**