

**DR PAULINE BALETA**  
**CLINICAL PSYCHOLOGIST**  
B.A. Hons (Psych) (Cum Laude) (UJ)  
MA Psychology (Cum Laude) (UJ) PhD Psychology (UP)  
PSY0002717947

*Baleta Psychology*  
Unit 2/283 Given Terrace  
Paddington, 4064

*Medicare Provider No: 6601273L*  
*0456 615 599 (M)*  
*drbaleta@baletapsychology.com.au*

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**INFORMED CONSENT FORM**

I \_\_\_\_\_ (Full name) hereby give permission for Dr Baleta to interview, assess and treat me accordingly.

I understand that these services, which upon request, will be further explained to me, may include individual therapy/counselling, consultation and psychological testing/assessment.

I understand that psychology is an imperfect science and whilst Dr Baleta provides evidence-based treatments, a particular benefit or outcome cannot be guaranteed. Furthermore, I also understand that in order to achieve optimal results I may need to confront troubling feelings, thoughts and possibly past experiences and I may feel worse before I start to feel better.

I declare that I am seeking this treatment of my own accord and am free to discontinue these services at any point and ask for a referral.

I understand that under the better access program, Dr Baleta is required to write short letters to my GP (usually containing a brief summary of treatment received and my progress) to enable me to claim from Medicare for rebates. I understand that if I am a private patient, this is not necessary, but is best care and if I do not want Dr Baleta to contact my GP I will inform her.

Furthermore, I give permission for Dr Baleta to contact the following agencies (insert contact details if you give permission):

Specialist treating Dr/OT/Psychiatrist: \_\_\_\_\_

Workcover QLD: \_\_\_\_\_

Support co-ordinator: \_\_\_\_\_

Furthermore, I understand and agree to the following:

- My sessions with Dr Baleta are private and confidential, **except** in the following circumstances:
  - When I am considered a danger to myself or others,
  - Where child abuse, elder abuse or abuse of individuals with disabilities as well as suspected abuse is required to be reported,
  - Where required by law such as a subpoena,
  - Mandatory reporting guidelines in Queensland,

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- I am responsible for the full fee of the account and that Dr Baleta will endeavour to be paid by third parties where indicated (Workcover and NDIS),
  - I acknowledge that I am responsible for providing Dr Baleta with the correct information in order for her to successfully claim from the nominated third party,
  - I understand that if I choose to communicate with Dr Baleta via email that email is not completely confidential due to hackers and system administrators. Dr Baleta does treat your personal information with the utmost privacy and has systems password protected, but cannot guarantee against hackers,
  - If Dr Baleta spends more than 10 minutes a week answering emails and/or phone calls, I will be charged appropriately,
  - Dr Baleta is required to keep brief notes about the interventions and topics covered in our sessions. I understand that if I am involved in legal proceedings these notes may be subpoenaed,
  - These notes are kept electronically and are password protected with two factor authentication,
  - Sessions may be audiotaped/videotaped (which will be discussed with you) for research purposes, professional meetings and/or supervision, and at no time will any identifying data be used.
  - Dr Baleta does not accept social media requests from clients,
  - I further understand that if my appointment is not cancelled 48 hours in advance, I will be liable for the consultation fee and agree to pay said fee,
  - The NDIS is billed for late cancellations and appointments that are not kept, but Workcover does not cover these appointments. Thus, the fee will be for your account if you are under Workcover,
  - I agree that if I am 30 minutes or more late for my appointment and haven't attempted to inform Dr Baleta, my session may be cancelled, and I will be held liable for the fee,
  - **Reports:** I agree and understand that if I require a report, there will be an additional fee for the report, which I will be quoted on.

***I have read and fully understand the contents of this form and also understand that by signing it, I am agreeing to the contents. Dr Baleta is also willing to answer any questions or concerns that I may have regarding this form.***

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Client full name

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Client Signature

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Full name of parent/guardian if under 18yrs

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Parent/guardian signature

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Date