



**Email:** [lynne@lynnedpsych.com](mailto:lynne@lynnedpsych.com)

**Mobile:** 0498 146 947

**ABN:** 30 185963103

**Medicare Registered Provider Number:** 5675881F

**Address:** CRABTREES CHAMBERS, FL 1, 116 York St, Launceston TAS 7250.

**The information provided here relates to services provided by clinician Lynne Daniels.**

**Personal Information** - As part of your assessment/treatment I will collect information and record personal information. I need to collect information about you for the primary purpose of providing a quality service to you.

To thoroughly assess, diagnose and provide therapy. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through an insurer or compensation agency;
- c. With your consent, use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing management,
- d. Disclosure of information to your doctors, other health professionals or to teachers, parent to facilitate communication and best possible care for you; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

I do not disclose your personal information to overseas recipients.

All information collected about you is confidential and stored in an electronic file. From time-to-time client data may be collated to evaluate, improve service quality, and report to funding bodies (such as Department of Health and Ageing). At no time, will your personal information be identifiable during these data collection processes (e.g., your name, address, and date of birth is not included in data gathering and reporting protocols).

The services provided by Lynne Daniels are bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000. Client files are held electronically and accessed only by your treating clinician.

**Assess to Personal Information** – If you have been referred for treatment you may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principles in the Privacy Act.

**Confidentiality** – If you have been referred for Psychological Treatment, all personal information I gather will remain confidential *except if*: subpoenaed by a court; failure to disclose the information would place you or another person at risk; or your prior approval has been obtained to provide a written report to or discuss the material with another person (e.g., GP, lawyer).

**Fees payable** – Please note fees will apply for additional services i.e. training, consultancy, report writing, travel.

<b><u>Service</u></b>	<b><u>Fee</u></b>	<b><u>AAPI Recommended fees</u></b>
General Consultation	\$185.00 per hr	\$280 per hr
Family or groupwork	\$185.00	\$280 per hr
Parent Session	\$90	
Third Party Billing	\$280 per hr	

### **Medicare Benefits**

Many mental health services are paid for partly by the government under Medicare. To receive these services, you'll need a *Mental Health Treatment Plan* from a doctor. A Mental Health Treatment Plan outlines what treatment is required and why, and the number of sessions available.

The Medicare Benefits Schedule rate under the Better Access to Mental Health Care initiative for individual sessions of Focused Psychological Strategies provided by a psychologist was set on 1 July 2022 at \$89.65 for a service length of 50 + minutes. Under the Medicare scheme summary reports regarding your treatment progress will normally be sent to your GP or psychiatrist.

### **Appointments:**

If therapy is begun, sessions are typically scheduled once per week or once a fortnight for 50 minutes at a time you and your therapist agree on, although some sessions may be longer or more frequent. Couples, family or group therapy sessions may be routinely scheduled for 90 minutes or longer.

### **Payment of Fees:**

Please be aware if a client session is extending beyond the appointed time the session will incur an additional fee set at 30-minute intervals, this will not incur a rebate; and dependent upon clinician availability. (*Additional fee is half full fee.*)

Payment is required at the time of consultation. Clients may be eligible for rebates from Medicare as noted above. A service fee of \$185.00 with the Medicare rebate of \$89.65 leaves a gap of \$95.35.

**Third Party Billing:**

Please ensure you have a Claim number or billing code and addressee for account to be sent. Third Party billing cannot be carried out if the client does not have permission (i.e. claim details) to bill the third party.

**Cancellation -**

At least 24 hours' notice of cancellation of an appointment is required so that your appointment may be reallocated to someone on the waiting list. Where there have been 3 non-attendances or repeat cancellations, there will need to be discussion regarding further appointments.

**Withdrawal from Therapy -**

There are many reasons why clients choose not to continue with a therapist. You may withdraw from therapy at any time, without prejudice. If **you wish to be referred to a different therapist, please discuss this with me at any time.**

***Lynne Daniels***

*B Soc Sci (Hon) MMHS (Child and Adolescent Psychotherapy) Grad Dip FDR*