

# Confidentiality and Consent Form

This document sets out your rights and responsibilities in relation to information security, access and confidentiality as well as your obligations regarding fees, cancellations and rebates.

## 1. Information, Security and Access

In the course of your treatment, personal information about you is collected to enable your treatment. All notes taken in the course of your treatment and all communications relating to your treatment become a part of your clinical records. Your clinical records are stored electronically in your patient file, which you consent to as a patient of this practice. You have a general right to access your records (subject to some exceptions which mainly relate to privacy, health or legal considerations) and can request access to your records. Your request must be made in writing, after which your request will be discussed with you.

## 2. Confidentiality

All information obtained during your treatment is kept confidential and secure, except when:

1. (1) It is subpoenaed by a court;
2. (2) Failure to disclose the information would place you or another person at risk of harm; or
3. (3) Your prior approval has been obtained to:
  1. (a) provide a written report to another professional or agency—e.g. to a lawyer; or
  2. (b) Discuss the material with another person—e.g. a parent or employer.

If you claim rebates from funding bodies, doctors and health practitioners, I will be required to provide summary reports to referring doctors, specialists and/or agencies regarding your progress.

Health research using de-identified data may be undertaken by this practice, by funding bodies or by this practice's technology providers, which you consent to as a patient of this practice.

## 3. Fees, Rebates and Cancellations

The full fee of \$200 is payable at the time of your appointment.

When you make an appointment the whole appointment time is reserved for you. Please give as much notice as possible if you need to cancel or postpone your appointment.

If you do not give at least 24 hours' notice you will be charged the full appointment fee of \$200. If you are unwell and provide a doctor's certificate, the cancellation charge may be waived.

Private health fund rebates can be processed with HICAPS. If you are eligible for Medicare rebates, you will be able to claim the rebate with Medicare either online or in person.

I, *(print name)* \_\_\_\_\_ have read and understood the above Consent Form. I agree to these conditions for the psychological service provided by Dr Kate Wallbank at Darling Street Health.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** If, after reading this page you are at all unsure of what is written, please discuss it with the Dr Kate Wallbank.

# Patient Information Form

Please complete the following information. Boxes marked with an asterisk (\*) are mandatory. This information you provide will be treated as confidential, in accordance with this practice's policies.

## 1. General and Contact Details

Title*	<input type="text"/>	Given Name/s*	<input type="text"/>	Surname*	<input type="text"/>
		Date of Birth*	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address*	Street Address		Suburb	State	Postcode
Email*	<input type="text"/>			Phone*	<input type="text"/>
Emergency*	Contact Name	Contact Number	Relationship		
Do you have a referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Details	GP Name	Provider No.	Date
GP Address	Practice Name & Street Address		Suburb	State	Postcode

## 2. Health

Physical Health—comments

## 3. Employment and Education

Please Tick:  Child / Adolescent  Student  Employed  Unemployed  Home Duties

If adult: Employer  Title / Role

Education  Some High School  Finished High School  Trade Certificate  
 Some University  Bachelor Degree  Post-Graduate Degree

If child: School  Year Level

## 4. Family and Cultural Background

Country of Birth  Age on Arrival  Language(s) Spoken

Family of Origin No. of Siblings  Birth Order  Religious Background

Mother  Living  Deceased Employment

Father  Living  Deceased Employment

Relationship Status  Single  Married/De Facto  Same Sex  Divorced/Separated  Widowed

Partner's Name  No. of Children  Age/s & Name/s



**DASS 21** NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
<b>TOTALS</b>								

## DASS Severity Ratings

The DASS is a **quantitative** measure of distress along the 3 axes of depression, anxiety<sup>1</sup> and stress<sup>2</sup>. It is not a categorical measure of clinical diagnoses.

Emotional syndromes like depression and anxiety are intrinsically dimensional - they vary along a continuum of severity (independent of the specific diagnosis). Hence the selection of a single cut-off score to represent clinical severity is necessarily arbitrary. A scale such as the DASS can lead to a useful assessment of **disturbance**, for example individuals who may fall short of a clinical cut-off for a specific diagnosis can be correctly recognised as experiencing considerable symptoms and as being at high risk of further problems.

However for clinical purposes it can be helpful to have 'labels' to characterise degree of severity relative to the population. Thus the following cut-off scores have been developed for defining mild/moderate/severe/extremely severe scores for each DASS scale.

**Note:** the severity labels are used to describe the full range of scores in the population, so 'mild' for example means that the person is above the population mean but probably still way below the typical severity of someone seeking help (ie it does not mean a mild level of disorder).

The individual DASS scores do not define appropriate interventions. They should be used in conjunction with all clinical information available to you in determining appropriate treatment for any individual.

<sup>1</sup>Symptoms of psychological arousal

<sup>2</sup>The more cognitive, subjective symptoms of anxiety

### DASS 21 SCORE

DEPRESSION SCORE      ANXIETY SCORE      STRESS SCORE

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	Depression	Anxiety	Stress
Normal	0 - 4	0 - 3	0 - 7
Mild	5 - 6	4 - 5	8 - 9
Moderate	7 - 10	6 - 7	10 - 12
Severe	11 - 13	8 - 9	13 - 16
Extremely Severe	14 +	10 +	17 +

Please note that there are differences in scoring between this measure and the DASS 21 as published on the DASS website <http://www2.psy.unsw.edu.au/groups/dass/>