



Auckland Practice
9 Claremont Way, East Tāmaki Heights, Auckland

NZPB Registration Number: 90-07822

info@jsipsychology.co.nz

Adult Consent Form for Psychological Services

I, _____, consent to receive psychological services from

_____ (Clinical Psychologist), who is a registered health practitioner under the **Health Practitioners Competence Assurance Act 2003 (HPCAA)** and accountable to the **New Zealand Psychologists Board**.

Psychological services may include assessment, therapy, treatment planning, consultation, and other evidence-based interventions appropriate to my presenting concerns.

I understand that psychological treatment may involve discussing personal and sensitive matters and that while benefits are expected, specific outcomes cannot be guaranteed. I may withdraw my consent and request a referral at any time.

Confidentiality

All information I share is confidential and will be managed in accordance with the **Privacy Act 2020, Health Information Privacy Code (HIPC) 2020**, and professional ethical obligations.

Confidentiality may be breached only in the following situations:

- **Risk of serious and imminent harm** to myself or others
- **Concern about the safety, wellbeing, or abuse of a child or vulnerable person**

- **Court orders, subpoenas, or other lawful requests for information**
- **Situations otherwise required or permitted by New Zealand law**

Where possible and safe to do so, my psychologist will discuss any need to release information before sharing it.

Electronic Communication

I understand that email, text, and other electronic communications cannot be guaranteed fully secure. By engaging in electronic communication, I accept these risks. I may withdraw this consent at any time by notifying my psychologist in writing.

Services and Appointments

Sessions are typically 50 minutes unless otherwise agreed. Appointments will be scheduled at mutually suitable times. If I am unable to attend, I agree to follow the cancellation policy outlined below.

Fees, Payment, and ACC/Insurer Funding

I understand:

- Fees are payable at the end of each session unless otherwise agreed.
- Fees may be reviewed periodically with reasonable notice.
- If accessing services through **ACC Sensitive Claims**, an insurer, or another agency, funding must be approved before sessions can be invoiced to that funder.
- **I remain responsible for all fees** if a third party declines, delays, or only partially pays for services.

- Any outstanding balances must be settled directly with the psychologist.

Cancellation Policy

If I need to cancel or reschedule, I must provide at least **36 hours 'notice** (or the practice's specified notice period).

If I do not attend or provide late cancellation, **the full session fee may be charged**, as this time has been reserved for me.

Professional Boundaries and Legal/Forensic Work

This practice does **not** provide:

- Forensic or medico-legal evaluations
- Court reports or testimony
- Custody recommendations
- Expert witness services

My psychologist reserves the right to decline involvement in any process outside the scope of therapeutic services or their professional competence.

Concerns, Feedback, or Complaints

If I am unhappy with any aspect of my care, I am encouraged to:

1. Discuss my concerns directly with my psychologist.
2. If unresolved, I may contact:
 - The New Zealand Psychologists Board
 - The Health and Disability Commissioner (HDC), in accordance with the Code of Health and Disability Services Consumers 'Rights (the Code)

I have the right to an advocate throughout this process.

Consent for Treatment (Adults)

By signing below, I confirm that:

- I have read and understood this consent form.
- I have had the opportunity to ask questions.
- I understand my rights under the HPCAA, the Privacy Act, the HIPC, and the HDC Code of Rights.
- I voluntarily consent to engage in psychological services.

Client Name: _____

Signature: _____

Date: _____

Psychologist Name: _____

Signature: _____

Date: _____