



# Elizabeth Grace Psychology

Transforming *Hidden Patterns* into Conscious Insight

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## CLIENT INFORMATION, CONSENT & INTAKE

**Elizabeth Grace Psychology**  
**Transforming Hidden Patterns Into Conscious Insights**

## PRACTITIONER DETAILS

**Psychologist:** Elizabeth Oliver  
**Former Registered Name:** Kerry Deller (temporarily retired)  
**AHPRA Registration Number:** PSY0001622084  
**MAAPi Member:** #13406  
**ABN:** 16 193 010 817

### Medicare Provider Numbers:

- Albany Creek: 438613PK
- Fortitude Valley: 438613NA
- West End: 438613QY
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### Contact:

- Phone: 0423 547 843
- Email: [clarity@elizabethgracepsychology.com.au](mailto:clarity@elizabethgracepsychology.com.au)
- Website: [www.elizabethgracepsychology.com](http://www.elizabethgracepsychology.com)
- Primary Location: Fortitude Valley, QLD 4006

Elizabeth Oliver is a registered psychologist under AHPRA and a member of the Australian Association of Psychologists Incorporated (AAPi).

Elizabeth has a diverse range of knowledge, skills & expertise having mainly worked within clinical and organisational psychological domains. Holding AHPRA registration as a Psychologist since 2009.

**Note:** Elizabeth does not hold titles of Dr, Clinical or Organisational Psychologist.

Sessions are delivered with care, compassion, and a trauma-informed approach grounded in evidence-based practices.



## IMPORTANT DISCLOSURE – PRIOR PRACTICE IDENTITY (MANDATORY)

Elizabeth Oliver previously practised as Kerry Deller prior to retirement.

Under AHPRA conflict-of-interest and disclosure obligations (effective December 2025), all clients must be informed of any prior professional identity that could create an actual or perceived conflict of interest.

### This means:

- If you, a close family member, or a person with whom you have a significant relationship previously engaged with Elizabeth under the name Kerry Deller **in any capacity**, this must be disclosed
- Elizabeth cannot provide services where **any prior relationship** may compromise objectivity, confidentiality, or professional boundaries
- This includes (but is not limited to): professional, personal, family, social, business, or community relationships

### Failure to disclose may result in termination of services.

I confirm I have not had any prior relationship with Elizabeth Oliver under the name Kerry Deller, nor has any immediate family member

I disclose a prior relationship (details below):

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## SESSION RECORDING – NON-NEGOTIABLE CONDITION OF SERVICE

### ALL SESSIONS ARE AUDIO RECORDED

All sessions conducted by Elizabeth Grace Psychology are audio recorded.

**This is a mandatory condition of service and is not optional.**

If you are not comfortable with session recording, you must seek another practitioner.

### Purpose of recording:

- Accurate clinical documentation
- Protection of client and practitioner
- Compliance with professional, ethical, and medico-legal standards

### Handling of recordings:

- Recordings are stored securely under direct practitioner control
- **Recordings are never released to third parties**
- **Recordings are not used for training, supervision, quality assurance, research, or artificial intelligence model development**
- Recordings exist solely to support accurate clinical documentation
- Recordings are permanently deleted within 72 hours of the session

### Transcripts:

- Transcription may be generated at the psychologist's discretion to assist with clinical note preparation
- Transcripts may not be de-identified during processing
- Only the final clinical note is retained as part of your permanent health record
- Raw audio recordings and working transcripts are deleted after clinical note completion

This process is consistent with contemporary clinical documentation practices used by platforms such as Heidi and NovoPsych.

**I understand and accept that all sessions are recorded as a mandatory condition of service**

**Client Signature:**

**Date:**



## 1. PRIVACY & DATA COLLECTION POLICY

Elizabeth Grace Psychology abides by the **Privacy Act 1988 (Cth)**, **Australian Privacy Principles**, and **AHPRA/APS ethical obligations**.

### Collected data includes:

- Contact details
- Mental & physical health history
- Personal background
- Billing and service use

### Your information is:

- Stored securely (encrypted cloud-based platforms)
- Accessed only with relevant permissions

### Confidentiality exceptions:

- Legal requirement (e.g. subpoena)
- Risk of harm to self/others
- Consent for release
- De-identified supervision (with your approval)

You may request access to your file in writing, acknowledging potential risks. A clinical summary may be offered instead of raw notes, with a report fee charged.

### Use of Your Data:

All personal information gathered during your sessions remains confidential and is stored securely. Your records are stored in compliance with the **Privacy Act 1988 (Cth)** and **Australian Privacy Principles (APPs)**.

Personal Information collected by us will only be used and disclosed for the purpose for which it was collected as set out below. This includes maintaining your account and contact details, providing you with our products and services, and processing payments.

Elizabeth Grace Psychology may use Personal Information collected from you to provide you with information and updates on our services, additional products, or opportunities available to you.

We may use your Personal Information to improve our products and services and better understand your needs.

We may from time to time use your Personal Information for another purpose where it would be reasonably expected by you or if permitted by the Privacy Act. This includes to effect or enforce a transaction, or procure advice from legal and accounting firms, auditors and other consultants.

Sensitive information will only be used and disclosed for matters required in accordance with the governing legislations at the time of access.



## **Disclosure of personal information:**

All personal information gathered during the provision of services will remain confidential except when:

- It is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
- Failure to disclose the information would in the reasonable belief of Elizabeth Oliver place a client or another person at serious risk to life, health or safety; or
- The client's, or consent of a parent or guardian who is legally authorised to act on their behalf, prior approval has been obtained to:
  - a) provide a written report to another agency or professional, e.g., a GP or a lawyer; or
  - b) discuss the material with another person, e.g. a parent, employer, health provider, or third-party funder; or
  - c) clinical consultation with another professional is required to provide better clinical services (identifying details will remain confidential); or
  - d) disclose the information in another way; or
  - e) disclose to another professional or agency (e.g., your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected.

A client's personal information is not disclosed to overseas recipients unless the client consents or such disclosure is otherwise required by law.

Clients' personal information will not be used, sold, rented or disclosed for any other purpose.

In the event that unauthorised access, disclosure, or loss of a client's personal information occurs, the psychologist will activate a data breach plan and use all reasonable endeavours to minimise any risk of consequential serious harm.

## **Requests for access and correction to client information:**

At any stage a client may request to see and correct the personal information about them kept on file.

The psychologist may discuss the contents with them and/or give them a copy, subject to the exceptions in the Privacy Act 1988 (Cth).

If satisfied that personal information is inaccurate, out of date or incomplete, reasonable steps will be taken in the circumstances to ensure that this information is corrected. All requests by clients for access to or correction of personal information held about them should be lodged with Elizabeth Oliver.

These requests will be responded to in writing within 21 days, and an appointment will be made if necessary for clarification purposes.

However please be aware that it is the policy of the practice not to release clinical notes due to high risks of misinterpretation.

- Instead, a clinical summary can be provided upon request. This will incur the standard APS report fee.
- Clients must sign a waiver accepting full responsibility for any confidentiality risks should they insist on accessing full clinical notes.



## Storage:

- Secure, encrypted digital platforms (in line with Australian health data security requirements)
- No paper records are retained. Any paper collected will be scanned into the system and the paper copy shredded onsite on the day of receipt.

## Retention:

- Client files are retained for a minimum of 7 years, or until age 25 for minors, as per legal requirements
- All client files are kept within electronic Practice Management Systems compliant with AHPRA standards
- Longer retention where required by funding body (e.g., WorkCover)

## Concerns:

If clients have a concern about the management of their personal information, they may inform Elizabeth Oliver.

Upon request they can obtain a copy of the Australian Privacy Principles, which describe their rights and how their personal information should be handled.

Ultimately, if clients wish to lodge a formal complaint about the use of, disclosure of, or access to, their personal information, they may do so with the Office of the Australian Information Commissioner by phone on 1300 363 992, online at <http://www.oaic.gov.au/privacy/making-a-privacy-complaint> or by post to:

### Office of the Australian Information Commissioner

GPO Box 5218, Sydney, NSW 2001.

## Use of Secure Artificial Intelligence (AI) Systems

To support accurate clinical documentation, I may use secure artificial intelligence (AI) tools to assist with session summaries, clinical notes, and administrative workflows. Any use of AI is:

- Performed with de-identified information where possible
- Reviewed by me before being added to your clinical record
- Secure, confidential, and compliant with all relevant standards (including AHPRA, APPs, and HIPAA)

This process enhances efficiency and accuracy in your care. You have the right to ask questions or decline this process. If you choose not to consent, we may need to discuss alternate support options.

**I understand and consent to the limited use of secure AI systems as described above to support my clinical care and record-keeping.**

**Client Signature:**

**Date:**



## 2. CONSENTS

### A. Clinical Supervision Consent for Use of De-Identified Data

Client's de-identified information may be required to be used in a de-identified format for clinical supervision or other relevant professional disclosure contexts.

Under no circumstances will your identified personal clinical data ever be used without your written consent.

Please confirm you consent to de-identified data being utilised to ensure capacity for clinical supervision and professional development.

I (Name) \_\_\_\_\_ hereby agree to the use of my de-identified data being used in clinical supervision and professional development.

I understand under no circumstances will my clinical personal details be identified or disclosed without my written consent.

**Client Signature:**

**Date:**

### B. Email Communication Consent

This practice offers clients the option to communicate by email for limited, non-urgent purposes. Email is not suitable for emergencies or sensitive clinical matters.

#### Risks Include:

- Delays or nondelivery
- Interception or misdirection
- Inadvertent access by third parties
- Limited control over dissemination and deletion

#### Protection Measures:

- No identifying details in subject lines
- Encrypted attachments when appropriate
- Passwords shared via SMS or phone
- Verification of email before use



## Client Responsibilities:

- Keep email address updated
  - Avoid including identifying data in subject lines
  - Use subject tags (e.g., "advice" or "appointment")
  - Contact the practice by phone if no reply received
  - Always send a text message to confirm you have sent an email
  
  - Do not email sensitive or urgent information
  - Protect access to personal email accounts
- I acknowledge risks (cited above) and I consent to receive limited email correspondence.

**Client Name:**

**Email:**

**Client Signature:**

**Date:**

## 3. FEES & PAYMENTS

### Session Fees:

- Initial consultation (50 minutes): **\$300**
- Standard session (50 minutes): **\$250**
- Extended sessions: Pro-rata based on standard rate
- After-hours appointments (sessions commencing before 9am or after 5:00pm on weekdays, or on weekends/public holidays): **\$300** per 50-minute session



## Payment Structure (ALL CLIENTS):

**\$50 deposit required at time of booking** (non-refundable except where required by law)

Final Payment is required on the day of consultation either via:

### A: Payment via stored credit/debit card:

- A valid credit/debit card is securely stored within the practice management system
- The card will be charged on the day of the session for the remaining fee (standard or after-hours, as applicable)
- Remaining balance is charged automatically to stored credit card at time of consultation
- Payment is due at time of service regardless of funding source

### B: Provision of card at the time of consultation.

- Note this option will be contingent on the access to the relevant external service provider on the day.
- (Data restrictions may facilitate limitations on this usage, which is beyond the practitioners control).

### C: Direct Deposit for the Balance of Session .

- This must be finalised prior to the session time.

## Rebates:

**Medicare:** Where a valid Medicare Care Plan is in place and all required details have been provided, **you are responsible for claiming your Medicare rebate directly.**

Elizabeth Grace Psychology operates on a **private billing model** - rebates are not processed on your behalf.

You will receive a receipt/invoice suitable for your Medicare claiming via your Medicare app or Service Centre.

## Elizabeth Grace Psychology is responsible for:

- Tracking your session count under your Mental Health Care Plan, Eating Disorder Plan, or Chronic Disease Management Plan
- Reporting session attendance to your referring GP as required.

## You are responsible for:

- Paying the full session fee at time of service
- Claiming your Medicare rebate
- Ensuring you have a valid, current GP referral
- Understanding your session limits

**Private Health Insurance:** Rebates may be available through private health insurance depending on your eligibility and policy coverage. You are responsible for claiming these rebates.\*NOTE you cannot claim on both medicare & private insurance for the same session. It is vital you disclose to the practitioner if you claim your session under Medicare.



## Provision of Receipts:

One receipt will be sent automatically from the practice management system. Requests for extra copies at a later date will incur a small fee.

Appointment reminders are sent via email approximately 7 AND 1 days in advance via the online Practice Management System. Non-receipt of these reminders does not null & void the cancellation fee should you not attend.

**I understand and accept the fee structure and payment terms**

**Client Signature:**

**Date:**

## 4. MEDICARE & THIRD-PARTY FUNDING

### Medicare Rebates:

Medicare rebates are only available when:

- You have a valid, current GP Mental Health Care Plan referral
- The referral is correctly completed and uploaded to My Health Record (where applicable)
- You are within your annual session limit:
  - **Mental Health Care Plan:** 10 sessions per calendar year (reviewable)
  - **Eating Disorder Plan:** 40 sessions per calendar year (with appropriate referral)
  - **Chronic Disease Management Plan:** Maximum 5 allied health sessions per calendar year
- The service meets Medicare criteria

### Payment & Rebate Process:

- **You are required to pay the full session fee at time of service**
- **You are responsible for claiming your Medicare rebate directly**
- Elizabeth Grace Psychology operates on a **private billing model** - rebates are not processed on your behalf
- You will receive a receipt/invoice suitable for Medicare claiming via the Medicare app or Service Centre

### Client Responsibilities:

You are solely responsible for:

- Obtaining and maintaining a valid GP referral
- Confirming your eligibility for Medicare rebates
- Ensuring referral accuracy and compliance
- **Submitting your own Medicare claims**
- Liaising directly with Medicare or your GP regarding rebate queries or eligibility issues



## Psychologist Responsibilities:

Elizabeth Grace Psychology is responsible for:

- Tracking your session count under your Mental Health Care Plan, Eating Disorder Plan, or Chronic Disease Management Plan
- Reporting session attendance and progress to your referring GP as required by Medicare guidelines
- Providing you with compliant invoices/receipts for Medicare claiming

## Important Changes (Effective December 2025):

Changes to My Health Record and GP referral compliance effective December 2025 place increased responsibility on clients to ensure referral accuracy and completeness.

Elizabeth Grace Psychology:

- Does not process Medicare claims on behalf of clients
- Does not verify Medicare eligibility beyond standard documentation review
- Cannot guarantee Medicare payment or rebate amount
- Is not responsible for rejected claims due to referral issues

**If your Medicare claim is rejected, you have already paid the full fee and the rebate loss is yours.**

**I understand my responsibilities regarding Medicare and third-party funding, including that I must claim my own rebate**

**Client Signature:**

**Date:**

## 5. CANCELLATIONS & RESCHEDULING

**Notice required: 3 full business days**

**Cancellations or rescheduling requests made with less than 3 business days' notice, or failure to attend, will result in:**

- Loss of \$50 deposit, **and/or**
- Charge of full session fee

**This policy applies to both cancellations and rescheduling requests.**

**This policy applies regardless of funding source unless legally prohibited.**

Note system generated confirmations and 7 day reminders provide the link for rescheduling and cancellations. These are disabled in keep with the cancellation policy 3 business days prior to the session time.



## Exceptions in rare occasions may be made for:

- Genuine emergencies (at practitioner discretion). However the room rental costs will still be required to be covered.
- Circumstances beyond your control (extreme illness, accident, etc.) with appropriate documentation. Note the option for online sessions provide the alternative to in-person sessions in these circumstances.

## Repeated late cancellations, rescheduling, or non-attendance may result in termination of services.

This policy is necessary to ensure continuity of service, protect appointment access for other clients, and uphold professional practice obligations.

I understand and accept the cancellation and rescheduling policy

**Client Signature:**

**Date:**

## 6. TERMS OF ENGAGEMENT

### PRACTICE OVERVIEW:

Elizabeth Grace Psychology is an independent solo psychology practice offering trauma-informed, integrative psychological care.

Services are tailored to meet the needs of each individual and offered under a humanistic, strength-based, client-centred framework.

Appointments are offered in a variety of modalities:

- Face-to-face sessions at a range of locations across Brisbane
- Telehealth or phone

### For telehealth/phone sessions:

- Ensure a private, uninterrupted space
- Confirm reliable internet or phone access
- Sessions are not to be recorded without written consent

All sessions are by appointment only and strict cancellation policies apply for all individuals regardless of funding bodies. Note Clients will now have capacity via the online portal to book their own sessions.

Elizabeth has been fully registered as a psychologist with AHPRA since 2009, with extensive clinical & organisational experience across diverse settings and populations.



## **COMMUNICATION:**

You may contact Elizabeth between sessions by email or text for urgent matters.

Note the practice management system provides a secure method to respond to appointment concerns.

Please allow up to 48 hours for a response to text messages. Emails will only be responded to if time permits otherwise content will be discussed at the next session.

If urgent, please contact emergency services, do not wait for my response.

If sending an email and no response, please send a text to notify of email.

Details on email communication are covered in Section 2B of this document.

## **DUAL RELATIONSHIPS:**

To protect the therapeutic space, dual relationships are avoided where possible.

This disclosure requirement has been addressed in the **IMPORTANT DISCLOSURE – PRIOR PRACTICE IDENTITY (MANDATORY)** section at the beginning of this document.



## 7. CULTURAL SAFETY STATEMENT

At Elizabeth Grace Psychology, I honour the uniqueness, humanity, and lived journey of every individual I work with — regardless of background, culture, or history. My commitment is to walk beside each client with respect, care, and a genuine desire to support their healing and transformation.

I acknowledge the enduring strength, wisdom, and cultural richness of Australia's First Peoples, and I pay my respects to Elders past and present. I honour their resilience and ongoing connection to Country.

I also extend respect to all culturally and linguistically diverse individuals and communities across Australia.

I recognise that colonisation, systemic inequity, and cultural trauma continue to impact Aboriginal and Torres Strait Islander peoples and other marginalised communities.

I commit to offering a practice that respects, protects, and upholds the dignity and uniqueness of every client — inclusive of their culture, language, spirituality, ancestry, gender, neurodiversity, ability, and worldview.

I understand that cultural safety is not a fixed standard defined by me — it is an evolving, lived experience defined by each client. Therefore, cultural safety in my practice is an ongoing, relational, and reflective process grounded in cultural humility and accountability.

### **My commitments to cultural safety include:**

- Listening deeply and non-defensively to every person's lived experience
- Creating a safe, inclusive, and responsive therapeutic space where all aspects of identity, belief, and background are respected
- Working respectfully across differences in ethnicity, gender, sexuality, faith, ability, age, and socio-economic status
- Seeking cultural supervision or consultation where appropriate to support culturally responsive care
- Remaining open to feedback that strengthens safety, trust, and healing in the therapeutic relationship
- Actively reflecting on my own cultural positioning, biases, and assumptions to ensure they do not impede care

If at any time you feel that I have not upheld these values or that the therapeutic space has felt unsafe or invalidating, I wholeheartedly invite you to raise this with me. Your experience matters. Together, we will work to review and repair the relationship, with care and respect.

Cultural safety is not a destination — it is a commitment I renew each day, in service of your healing, growth, and sovereignty.

**Elizabeth Oliver, Psychologist PSY0001622084**



## 8. CRITICAL INCIDENT PROTOCOL

In rare circumstances of critical incidents (including risk of harm, client distress, disclosure of abuse, or emergency):

This solo practice adheres to a clear and structured protocol for managing clinical risks:

**If there is immediate danger to life or safety, call 000.**

If a client presents with active risk (e.g. suicidality, harm to others):

- A risk assessment will be conducted
- Referral to crisis or emergency services may be made (e.g. Acute Mental Health Team, hospital ED)
- Follow-up care will be arranged or coordinated

**Note:** Elizabeth Grace Psychology is not a crisis service.

Clients are encouraged to use national supports:

- **MH Call:** 1300 64 22 55
- **Lifeline:** 13 11 14
- **Beyond Blue:** 1300 224 636
- **Suicide Callback Service:** 1300 659 467

This protocol is integrated into practice documentation and reviewed annually.

### Protocol Steps:

1. **Immediate safety** is prioritised. Emergency services will be contacted if required.
2. **Client support** strategies will be used to stabilise the situation.
3. **Mandatory reporting** will occur if legally required.
4. A written, dated note will be made in your file.
5. The incident will be reviewed and appropriate referrals offered.

By signing this form, you acknowledge understanding of the above protocol.



## 9. CLIENT RIGHTS & ETHICAL STANDARDS

You have the right to:

- Be treated with respect, dignity, and cultural safety
- Receive services that align with the APS Code of Ethics and the AHPRA Code of Conduct
- Be informed about your treatment, choices, and risks
- Request access to your records
- Provide feedback or lodge a complaint without fear of reprisal

For further information on your rights, visit:

- **AHPRA:** [www.ahpra.gov.au](http://www.ahpra.gov.au)
- **Queensland Health Ombudsman:** [www.oho.qld.gov.au](http://www.oho.qld.gov.au)

## 10. INFORMED CONSENT & CLIENT DECLARATION

By signing below, I confirm that:

- I have read and understood this entire document
- I have had the opportunity to ask questions and seek clarification
- I accept session recording as a mandatory condition of service
- I understand the conflict-of-interest disclosure requirements regarding any prior relationships
- I understand and accept the fee structure, payment terms, cancellation and rescheduling policy
- I understand my responsibilities regarding Medicare, GP referrals, and third-party funding, including that I must claim my own Medicare rebate
- I understand Elizabeth Grace Psychology is responsible for tracking my session count and reporting to my GP
- I understand how my information will be handled and the limits of confidentiality
- I consent to the use of de-identified data for clinical supervision
- I consent to limited email communication (optional)
- I consent to the use of secure AI systems for clinical documentation support
- I acknowledge and agree to the Cultural Safety Statement and Critical Incident Protocol
- I consent to receive psychological services from Elizabeth Grace Psychology under these terms

**Client Name (please print):**

**Client Signature:**

**Date:**



# Elizabeth Grace Psychology

*Transforming Hidden Patterns into Conscious Insight*

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**Parent/Guardian Signature (if client is under 18):**

**Name:**

**Signature:**

**Relationship to client:**

**Date:**

**PRACTITIONER USE ONLY:**

Consent form received and reviewed:

Copy provided to client:

Practitioner signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Intake form is on the following page - please fill out completely. Thank you**



## CLIENT INTAKE FORM

Please complete and return via email prior to first appointment

### PERSONAL DETAILS:

**Full Name:**

**Date of Birth:**

**Phone Number:**

**Email:**

**Address:**

### EMERGENCY CONTACT:

**Name:**

**Phone & Email:**

**Relationship:**

### CURRENT SAFETY CONCERNS (Individuals & Organisations):

If you have current safety concerns related to specific individuals or organisations, please provide details:

**Name:**

**Phone Number**

**Relationship:**

**Details of the risk to you (briefly):**

### OCCUPATION & EMPLOYER INFO:

**Occupation:**

**Employer:**



## REFERRAL & FUNDING DETAILS:

Medicare Mental Health Care Plan

**Referring GP:**

**Location & Contact:**

**Date of Plan:**

**Number of sessions attended previously (this calendar year):**

Medicare Eating Disorder Plan

**Referring GP:**

**Location & Contact:**

**Date of Plan:**

**Number of sessions attended previously (this calendar year):**

Chronic Disease Management Plan

**Referring GP:**

**Location & Contact:**

**Date of Plan:**

**Number of sessions attended previously (this calendar year):**

Private Funding

**Individual Responsible for Payment:**

**Name:**

**Payment Method:**  Pre-payment by direct deposit  Stored credit/debit card

**Note:** Payment for consultations are preferred via direct deposit or stored card.



## MEDICAL & MENTAL HEALTH HISTORY:

**Current medications:**  Yes  No

**Please list:**

**Diagnosed conditions:**

**Previous counselling/psychological support:**

**Presenting concerns for therapy (dot points):**

- 
- 
- 
- 

**Any other relevant health details:**

## MEDICAL TEAM:

**GP:**

**Treating Specialists (Name & Speciality):**

**Psychiatrist:**

**Other:**

## MEDICARE DETAILS:

**Name on Card:**

**Medicare Number:**

**Position on Card:**

**Expiry Date:**

**Thank you for completing this form.**

**Remember:** *"Life is a Picture we Paint, So Let's Paint it Beautiful!"*

**Elizabeth Oliver**  
**Psychologist PSY0001622084**

**END OF DOCUMENT**