



Moving Minds Psychology - Client Service Agreement

1. Introduction Welcome to Moving Minds Psychology. This Service Agreement outlines the terms and conditions for psychological services provided to you. By signing this agreement, you acknowledge your understanding and acceptance of these terms.

2. Services Provided Moving Minds Psychology offers evidence-based psychological assessments and interventions tailored to individual client needs. Your treatment plan will be discussed and agreed upon collaboratively.

3. Confidentiality and Privacy All information shared during sessions is confidential and handled in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). Your information will not be disclosed without your consent except in circumstances where disclosure is required or authorised by law (e.g., risk of harm to yourself or others, mandatory reporting obligations, or court subpoenas).

Client records are maintained using Halaxy, a secure practice management system with high-level data encryption. For session note transcription, we use Tactiq AI, which operates with strict privacy standards. More information on their privacy practices is available upon request.

4. Fees and Payment Terms

- **Session Fees:** Fees will be discussed during the initial consultation and may vary depending on the type of service provided.

- **Deposit:** A 50% deposit of the session fee is required at the time of booking to secure your appointment. Failure to pay this deposit may result in cancellation of the appointment.
 - **Payment:** Invoices will be issued after each session and are payable within 7 days. Payment can be made via bank transfer or other methods specified on the invoice.
 - **Late Payment:** Failure to pay within the 7-day period may result in suspension of further services until payment is received. Continued non-payment may lead to referral to a debt collection agency, with any associated costs added to your outstanding balance.
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5. Cancellation and Rescheduling Policy

- **48 Hours' Notice:** Please notify us at least 48 hours prior to your appointment if you need to cancel or reschedule.
 - **Within 24 Hours:** Cancellations made within 24 hours of the appointment will result in the forfeiture of the 50% deposit.
 - **Same-Day Cancellations/No-Shows:** Cancellations on the day of the appointment or failure to attend will result in the full session fee being charged.
 - **Emergency Exceptions:** Consideration may be given to unforeseen emergencies at the clinician's discretion.
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6. Communication and Emergencies Our clinic is not an emergency service. If you are in immediate danger or require urgent assistance, please call emergency services (000) or contact crisis lines such as Lifeline (13 11 14) or Beyond Blue (1300 224 636).

7. Client Rights and Responsibilities

- You have the right to be treated with dignity and respect.
 - You are entitled to a clear explanation of your treatment plan.
 - You are responsible for attending scheduled appointments on time and providing accurate information.
 - You may withdraw from therapy at any time but are encouraged to discuss this decision with your psychologist.
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8. Record Retention In compliance with Australian psychological practice standards, client records will be retained for a minimum of 7 years from the last consultation date, or until the client reaches the age of 25 for those under 18 at the time of service. After this period, records will be securely destroyed.

9. Informed Consent By signing this agreement, you:

- Acknowledge understanding of the confidentiality limitations.
 - Agree to the outlined fees, payment, and cancellation policies.
 - Consent to your information being managed in accordance with privacy laws.
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10. Contact Information Moving Minds Psychology

Email: admin@movingmindspsychology.com.au

Phone: 0438 822 219

Address: Buderim, QLD, Australia

Client Acknowledgement: I, _____ (Client Name), have read, understood, and agree to the terms of this Service Agreement.

Signature: _____

Date: _____

Clinician Name: _____

Signature: _____

Date: _____