



## Welcome to Lit

Welcome to Lit! We are so glad you have made the decision to come and talk to someone about what is going on for you. We really hope to be able to work with you to assist you to feel good and live the life you want to live.

Before we start, there are a few things we have to be REALLY clear about for all our clients (and their support people, where appropriate). Please read through the information in this pack before your first appointment. Some may not be relevant to you, but we need to be clear before we start.

Your psychologist will also discuss the following things with you, if you need more information. Please feel free to ask any questions.

Included in this welcome pack:

- Confidentiality Policy
- Missed Appointments Policy
- Behaviour Expectations Policy
- Drug Use Policy
- Emergency Help
- Grievance Policy
- Registration Form – Please Complete
- Authority to Obtain and Release Information – Please Complete

**Thank you for choosing Lit, we look forward to meeting you!**



## Confidentiality

Everything you discuss with your psychologist is confidential. This is an important part of our job and we are not allowed to discuss your individual situation with anyone.

The only time we will discuss your specific situation is if we are concerned you are a risk to yourself or others or if your notes are subpoenaed by a court.

If we are concerned that you intend to end your life, our first point of call will be the emergency contact you nominate, however if we are really worried we will contact the appropriate service to come and check on you.

Please remember, we see a lot of people who feel very depressed and who think about suicide. Talking about suicide and self harm behaviours will not generally alarm your psychologist. We will always do our best to discuss fully any concerns we have with you before breaching confidentiality. Our job is to balance the requirement to maintain confidentiality with ensuring your safety.

Be aware that it is VERY rare for a psychologist to breach confidentiality and so we would have to be very concerned to do so.

If you are a young person (under 18), we may need to discuss your care with your parents or carers. Please see our "Communicating with Parents/Carers" Policy for more information about that.



## **Missed Appointments**

We understand that at times you may be unable to attend pre-scheduled appointments. You will always be sent a reminder text for appointments, and you are welcome to request an alternate appointment at any time.

We request at least 24 hours notice if you are unable to attend an appointment. It is very important we receive notice for our evening sessions as these are very popular.

If you miss a scheduled appointment and did not let us know at least 24 hours prior you will be required to pay a \$50 fee. There will be no rebate for this fee.



## **Behaviour Expectations**

Lit Therapy is a safe place for many young people, their support networks and our staff. To ensure we all feel safe, Lit Therapy has strict expectations for behaviour on our premises.

Aggressive, threatening or abusive language or behaviour will not be accepted on our premises. While we are understanding and supportive and will endeavor to provide our clients with strategies to manage their emotions, we expect our clients to implement these strategies when on our premises (and ideally in the community).

Should a client become agitated, we will endeavor to support our clients to calm down using anchoring and calming techniques. If these are not successful and behaviour that is aggressive or threatening is observed, the client will be asked to leave the premises immediately.

Any client who is asked to leave the premises is welcome to make an appointment for a later date, once they have calmed down. Please note, a psychologist may request a support person attend a mediation session to ensure all parties feel safe to continue therapy.

If a client is unhappy with the service they have received, they may like to make a complaint. Please see our Grievance Policy for more information on providing feedback to our service.



## **Drug Use Policy**

Lit Therapy is a safe place for many young people, their support networks and our staff. To ensure we all feel safe, Lit Therapy has strict expectations for drug use on our premises or attendance under the influence of drugs.

Intoxicated clients will not be treated at Lit Therapy. Clients attending under the influence of drugs or alcohol will be asked to leave and the session will be treated as a missed appointment, with a fee payable.

While we are a supportive environment and understand some people use substances to manage difficult emotions, we know that clients cannot be expected to concentrate, comprehend and remember discussions held while they are under the influence of any substance.

Equally, you can expect your therapist will not be under the influence of drugs or alcohol while they work with you.



## Emergency Help

Lit Therapy is not an emergency service. We do not check our answering machine out of hours and our therapists are not generally available on their "Non-Lit-Therapy" days. If you become distressed, suicidal or need additional support, we recommend you call the following:

- Suicide Call Back Service 1300 659 467
- The Samaritans Crisis Line (Youth Service) 9388 2500 or main line 9381 5555
- Mental Health Emergency Response Line: MHERL: 1300 555 788 (Metro), or 1800 676 822 (Peel)
- QLife (LGBTI+) 1800 184 527
- Butterfly Foundation (Eating Disorders) 1800 334 673
- Kids Helpline 1800 551 800
- Youth Beyond Blue 1300 224 636
- Child and Adolescent Mental Health Service – Urgent Mental Health Support Line 1800 048 636



## **Grievance Policy**

### **Making a Complaint or Providing Feedback**

Lit Therapy is committed to providing a high quality service to young people and their support networks. To achieve this, it is very important that there is a good relationship between you and your therapist.

We welcome any feedback you may have about your therapist, therapy or our service and will endeavor to address any of your issues. We encourage you to speak directly to your therapist if you feel your needs are not being met, however we understand this may not always be possible.

You are welcome to provide feedback (positive and negative) by emailing us at [admin@littherapy.com.au](mailto:admin@littherapy.com.au) or by speaking to our Director, Gemma Downie at any time. She can be contacted on 0416 485 778.

Examples of where you may like to get in touch include;

- You feel you have not been matched to the right therapist. We are happy to transfer your care to another practitioner who may provide a better match.
- You feel your therapist has breached confidentiality. We will discuss this fully and provide you with options to take the complaint further if you would like to.



## Client Registration Form

### CLIENT PERSONAL DETAILS

SURNAME:

FIRST NAME:

PREFERRED NAME:

BIRTH DATE:

EMAIL:

PHONE:

ADDRESS:

### BILLING

1. Do you have a Mental Health Care Plan? If yes, please provide the following details:

REFERRING DR NAME:

MEDICARE CARD NUMBER:

REFERENCE NUMBER:

EXPIRY DATE: /

Please provide details of the bank account you would like your rebate paid into:

ACCOUNT NAME:

BSB:

ACCOUNT NUMBER:

2. Are you claiming from your Private Health Insurance Fund? If yes, please provide the following details:

NAME OF FUND:

MEMBER NUMBER:

REFERENCE NUMBER:

3. Is this a worker's compensation claim? If yes, please provide the following details:

NAME OF INSURANCE COMPANY:

YOUR CLAIM NUMBER:

CONTACT NAME:

CONTACT NUMBER:

### EMERGENCY CONTACT

NAME:

PHONE:

RELATIONSHIP:





## Authority to Obtain and Release Information

I, \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

hereby consent to Lit Therapy:

1. Obtaining and releasing reports and information from my GP or other agencies.  
Please Note: If you were referred by your GP, we are required by Medicare to write reports to them.

Name	Address	Phone

2. Speaking with family members, friends or carers who are nominated below.

Name	Relationship	Phone

3. In cases of separation or divorce, we would like to send a courtesy email to the parent who is not at the appointment to let them know their child is attending our practice. Please provide an email address for that parent or if you do not want them contacted please note "No Approval"

Name	Email

4. I agree to Lit Therapy Psychological Services billing Medicare, if applicable, on my behalf: Yes  No
5. I understand the privacy and confidentiality practices described to me: Yes  No
6. I understand that my consent will continue to apply after my discharge for a period of 12 months from this date: Yes  No

Client Name:

Client or Guardian Signature: \_\_\_\_\_ Date:     /     /