

CLIENT NAME:

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LOCATION: 6/21 Sydney Rd, Manly 2095 | PROVIDER No: 5375276A | T:0415 227 200 | F:02 9169 6376 | E: referral@inpsyght.net

Contract for Psychological Services with Dr Gill Walker.

1st Jan 2026

I am an AHPRA registered Clinical Psychologist. I have been working in this capacity since 1999 in the UK and Australia. I abide by the Code of Ethics and Practice of the Australia Psychological Society (APS 187109) and Australian Health Professionals Regulation Agency (AHPRA PSY0002115475).

Dr Gill Walker does not provide crisis / emergency services. These phone numbers are for your convenience:

Lifeline 13 11 14 Suicide Call Back Service 1300 659 467 The NSW Mental Health Access Line 1800 011 511

TIME, FREQUENCY & DURATION OF SESSIONS: Our sessions will last for 50 Minutes, from an agreed start time. The appointment will end on time, regardless of the start time. Appointments are scheduled every 60 mins. You are required to depart the building / leave the online meeting at the end of the session. We attempt to arrange appointments on the same day & time each week where possible. The effectiveness of therapy is greater, the higher the frequency.

APPOINTMENT FORMAT:

- **FACE TO FACE CLIENTS** have sessions at **suite 6 of 21 Sydney Road, Manly, 2095**. **Please do not discuss your private information in the public waiting area outside the therapy room**, as it is highly likely that you will be overheard. There is **NO DISABLED ACCESS** – the office is on the first floor with no lift.
- **HOME VISITS** are available by special arrangement and travel time is charged at the standard APS / NDIS fee.
- **TELE-HEALTH VIDEOCONFERENCING CLIENTS** have sessions on your electronic device from any location, where you are alone, sitting still, with your device on a stable base, and with reliable internet access. You are required to initiate the call.
- **TELE-HEALTH PHONE / VOICE ONLY** sessions are only agreed if there is no alternative. You are required to initiate the call.

FEES: The Australian Psychological Society recommends an hourly rate of \$318 for all Clinical Psychology services. **Our fee is \$280 with a \$135 gap for ALL** Face-to-face clients & telehealth appointments. **We do not bulk bill.**

- **Fees are payable by the end of each session** (except for NDIS, SIRA, Open Arms).
- **It is a requirement that you provide card payment details on the appointment system** in order that fees can be processed automatically, even if you pay via a different method. If you do not pay the fee at the end of the appointment, all further appointments may be cancelled without reservation.
- Your GP will issue a **Mental Health Care Plan (MHCP) for up to 10 session rebates** per year for \$145
 - A **1st STAGE MHCP** is for 6 initial rebates.
 - After a review appointment with your GP will issue a **2nd STAGE MHCP** for 4 more rebates.
 - Medicare does not permit rebate claims on a date outside the validity of the MHCP, or for non-attendance.
 - Please email the MHCP to referral@inpsyght.net and bring it to your appointment.
- **NDIS, SIRA and Open Arms supported clients** have fees set & reviewed annually by them which are invoiced directly. NDIS Clients must complete a NDIS Service Agreement with InPSYght.Net to receive services, even if they first rely on a MHCP to initiate our services. All these agencies require >48 hrs notice of cancellation; else 100% cancellation charges apply.
- **You accept that if Medicare or any funder refuses or retracts any fees from me on your behalf, at any point in the future, you agree to repay me the equivalent FULL fees up to and including the full outstanding balance without question.**

SICKNESS CANCELLATIONS: **Please notify us IMMEDIATELY** if you are unwell, to reorganise. Early notification means **we can reorganise your appointment to Telehealth, to another day/time within the same working week without penalty, subject to availability**. A clients' first appointment at the practice cancelled with <48hrs notice due to ill-health (not just covid19), which cannot be rescheduled within the following working week will remain payable in full at your usual rate. **Waiving of fees due to ill-health is at the practice discretion and cannot be assumed.**

UNABLE TO ATTEND: Notify us: Call 0415227200 **SMS only** 0480 022 780 Email referral@inpsyght.net

To avoid charges, you must give 2 business days' (48hrs) notice. NB: You must cancel Monday's appointments on a Thursday, 48 business hours before your appointment to avoid charges.

CANCELLATION FEES: Medicare will not pay fees for cancelled appointments. For any session you **cancel with less than 48 hrs notice, you will have to pay 100%** of the total fee despite not attending. No response is taken to mean you plan to attend and agree to pay 100% of the fees due.

Client Name:			
Date of Birth:		Age:	
Client Signature:			
For client's <18, or who do not have capacity to consent to a financial contract, then a legal guardian must sign this form.			
Name of Parent / Legal Guardian:			
Parent / Legal Guardian Signature:			
Dr Gill Walker Signature:			

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GAP FEES: My prices are quoted with ‘gap fees’, so that you can see how much the out-of-pocket gap fee is. It is against Medicare policies for me to charge you only the gap fee and claim the Medicare rebate value directly from them, and Medicare can prosecute me.

CONTACT: Typically, we will not have contact between appointments. Email is the preferred means of corresponding. I am not usually available to take calls directly, as I am often with someone. If necessary, I will contact you in reply as soon as I can. I check emails twice per week. **I do not respond outside of office hours.**

Call 0415227200

SMS only 0480 022 780

Email referral@inpsyght.net

ENDING THERAPY: If you decide to finish working with me, I respectfully ask that you discuss this face to face in an appointment, so that we can carry out a suitable ending together. Not paying invoices on the due date when requested, on 2 occasions (not consecutive) will result in discharge. Three consecutive missed sessions results in therapy ending. Dr Gill Walker and InPsyght operates a ZERO Tolerance policy for all anti-social behaviour and reserves the right to discharge a client(s) if behaviour is deemed unacceptable.

REVIEWS & ONLINE SERVICES: The practice has various online profiles which invite you to review the services we provide. We require that in the event of a complaint that you or an advocate contacts us on 0415 227 200 or Email referral@inpsyght.net in order that we might be able to resolve any issues in a confidential space, out of the public arena, and provide a solution for all parties. By signing this document, you agree to remove any comments or reviews when requested without question.

CONFIDENTIALITY: All information is received in complete confidence, and confidence will be maintained unless you give your explicit permission for it to be broken. Medicare requires that I write to your GP after MHCP’s are used up. There are certain exceptions to confidentiality, which apply when the information you disclose is of such gravity that confidentiality cannot be maintained. In such a situation I always try to discuss this with you before taking any further action. Examples would be:

- Where I believe that you pose a serious risk to yourself or to others.
- Where a child or vulnerable adult may be at risk.
- Where I am legally compelled to disclose information. Please advise me immediately that you know of any legal involvement that may mean your case notes might be subpoenaed.

RECORDS: The practice makes use of Heidi Health, a secure, healthcare-compliant AI documentation tools to assist in drafting clinical notes. Any session information processed is encrypted and handled in accordance with the *Privacy Act 1988 (Cth)* and Australian Privacy Principles. AI-generated content is reviewed and clinically verified by me before being added to your health record. You may decline or withdraw consent to the use of AI-assisted documentation at any time without affecting your access to psychological services. All records are kept and administered in accordance with the relevant laws and acts. Your personal information will never be shared with any third party without signed consent.

CONSENT AND AGREEMENT: In the absence of a signed contract, payments are taken as consent and agreement. I (client and / or guardian) will read any updates in terms and conditions when sent and comply with their contents.

I agree to all the above terms and conditions, and I consent to share basic information with my GP.

GP Name:	GP's Phone Number:
GP Practice:	

AGREED FEES for the undersigned client / guardian”.

- \$280 face-to-face full fee client;** where a Medicare rebate is available **\$135** out of pocket.
- NDIS client** – please ask us for a service agreement: 1 hr 20mins charged per session.
- SIRA / Work Cover Client** - please provide details of your case manager and an approval letter. 1 hr 20mins charged per session.

COMMENTS/Individual agreements:

Client Name:			
Date of Birth:		Age:	
Client Signature:			
For client's <18, or who do not have capacity to consent to a financial contract, then a legal guardian must sign this form.			
Name of Parent / Legal Guardian:			
Parent / Legal Guardian Signature:			
Dr Gill Walker Signature:			