

New Client Form

Work or Vehicle Injury Claim

Confidentiality

Confidentiality is important in building a relationship with you and will be discussed early on in your session/s with us. This means that whatever you discuss in sessions with us remains private and will not be passed on to anyone else without your permission.

However, there are some exceptions to this:

- When your, or someone else's health or safety are seriously threatened, and the information will help them.
- If your written consent has been obtained to share information to another person (e.g., family member, employer, doctor, or another agency).
- If your case file is subpoenaed by court - we will let you know about the request.

To assist us in working with you, we will need to collect and record personal information from you that is relevant to your situation. While most of our information will be collected directly from you, we may need to speak to your doctor(s), allied health practitioners, case managers, family members, or others involved in your care with your permission. Your personal information will be recorded in a secure [Paragon PsychConnect](#) database not available to anyone outside of [Paragon PsychConnect](#).

Client Details

Title * Date of Birth *

Mr Mrs Ms Other

First Name * Last Name *

Preferred First Name Gender *

Home Phone Mobile Phone * Work Phone

Email Address *

Address *

Suburb State Post Code

Emergency Contact Name Emergency Contact Phone

Guardian/Caregiver Name (if applicable) Guardian/Caregiver Phone

* indicates a required field

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Work or Vehicle Injury Claim

Work or Vehicle Injury Claim (Compensable) Details

Type of Claim *

Work InjuryMotor Vehicle AccidentOther

Insurance Company

Claim Number

Date of Injury/Accident *

Accepted Claim *

YesNoDon't Know

Case Manager Name

Case Manager Phone

Case Manager Email Address

Billing Postal Address

Suburb

State

Post Code

Billing Email Address

Treating Doctor Name

Doctor Phone

Doctor Fax

Treating Doctor Address

Suburb

State

Post Code

The following Employer details are required if Type of Claim is Work Injury.

Employer

Employer Contact Person

Contact Phone

Referral Attached *
Yes No

File Attachments
If you are filling in this form manually, please attach all relevant documents for this Work or Vehicle Injury Claim form.



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Release of Information Consent

All information is considered confidential and used solely for providing care and management of your case. We may need to contact some or all of the following people in regard to your recovery. You can remove this authority at any time.

General Practitioner

Specialist

Case Manager

Other People (Allied Health)

Other People (Family or Friend)

I agree to [Paragon](#) PsychConnect communicating with the above individuals regarding my care.

Client or Guardian/Caregiver to Sign *

Date *

Consent and Acknowledgement *

I give consent for treatment provided by [Paragon](#) PsychConnect.

I agree to this consent remaining valid until such time as I withdraw my consent.

I agree to SMS and email messages regarding appointments as a courtesy reminder.

I give consent for the [Paragon](#) PsychConnect privacy policy, which is on our website.

Payment Policy

1. Private or Medicare Clients

- You will be invoiced and expected to pay on the day.
- Payment can be reimbursed onto a debit card if you have a Medicare Mental Health Plan.
- A receipt will be provided so you can claim the rebate from your private health fund (please note that you cannot claim both Medicare and Private Health rebates).

2. Work or Vehicle Injury Claims

- You need to have an accepted claim.
- Your invoice will be sent to your insurer (RTWSA, Comcare, self-insured employer, CTP etc).

3. NDIS

- We consult with plan managed and self-managed clients.
- If you are plan managed, the invoice will be sent to your plan manager and will be paid from your NDIS plan.
- If you are self-managed, you will need to pay the invoice on the day and seek reimbursement from the NDIS.

4. Other

- If you have been referred by a lawyer, the invoice will be sent to them for payment.
- If you have been referred for a security assessment, you will need to pay the invoice on the day if you are self-referred. If Consumer and Business Services (or another Department) has referred you for the assessment, the invoice will be sent to them – you will need to provide evidence of this when booking.



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Cancellation Policy

At [Paragon PsychConnect](#), we understand that unexpected situations may come up, and you may need to reschedule or cancel your appointment. We try to accommodate our clients' needs while also ensuring the availability of our services to others who may be in need.

To maintain an efficient and effective practice, we have established the following cancellation policy:

1. Appointment Cancellation

- If you need to cancel or reschedule your appointment, we kindly ask for at least 24 hours' notice. This allows us to offer the appointment slot to another client in need.
- Appointments cancelled with less than 24 hours' notice will be subject to a cancellation fee of 100% of the session fee.

2. No-Show Policy

- If you miss your appointment without providing any notice, it is considered a no-show.
- No-shows inconvenience both our practice and other clients who may have needed the time slot.
- In the event of a no-show, a fee of 100% of the session fee, will be charged.
- **Please Note:**
- If you either miss or cancel your initial appointment on the day, we will not rebook you.
- Our experience has shown us that if people can't make their first appointment a priority, they will be poor attenders.

3. Late Arrival

- If you arrive late for your appointment, please note that your session will still end at the scheduled time.
- Late arrivals do not extend the session beyond its original duration.

4. Emergency Situations

- We understand that emergencies can happen, and exceptions to this policy may be made on a case-by-case basis.
- Please notify us as soon as possible if you encounter an emergency situation that prevents you from attending your scheduled appointment.

5. Payment of Cancellation and No-Show Fees

- Cancellation and no-show fees are due and payable on the day of the missed appointment.
- Failure to pay these fees will result in the inability to schedule future appointments until outstanding fees are settled.
- **Work or Vehicle Injury Claim:** This is not covered by your insurer and is payable by you.
- **Private/Medicare:** This is not covered by your Private Health Insurer or Medicare and is payable by you.
- **NDIS:** As per your service agreement.

6. Communication

- If you need to cancel or reschedule an appointment, please contact us at on (08) 7095 3484 or via email.
- You can also leave a voicemail if you're unable to reach us directly.

7. SMS appointment reminder

- Please ensure that you keep a record of your appointment and do not cancel only when you receive a reminder SMS or email.
- Please be aware that the SMS reminder you receive 2 days prior to your appointment is a courtesy only.

By scheduling an appointment with [Paragon PsychConnect](#), you acknowledge that you have read, understood, and agreed to our cancellation policy.

Client or Guardian/Caregiver to Sign *

Date *

* indicates a required field