Dr Mathew McCauley, Consultant Clinical Psychologist
Suite 13, Blackrock Clinic, Rock Road, Blackrock, County Dublin, Ireland
Tel: 01-2064217; Fax: 01-2780354

PATIENT IDENTIFICATION & CONSENT FORM

Date:

Name: **Date of Birth:** **Age:**	**Address:** **Telephone/Mobile:**
GP:	**Address:** **Telephone:**
Next of Kin:	**Address:** **Telephone/Mobile:**
Other current professionals involved in your care (i.e. psychiatrist, social worker, etc) **Professional's Name:** **Profession:**	**Address:** **Telephone:**
Use this space if listing details of more than one other professional:	**Address:** **Telephone:**

Advance Directives: Have you legally documented plans for mental health care or medical treatment decisions if you are unable to make them for yourself? *Ye s / No*

Please check or circle the most correct statement:

___ I have self-referred to the clinic.

___ I was referred to the clinic by_____

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Patients are often unsure what to expect when visiting a clinical psychologist. You are encouraged to consider the following points regarding mental health care, and to discuss them with Dr McCauley if you wish.

What You Can Expect From Your Psychologist. You can expect the attention, respect, and best professional efforts of Dr McCauley. Dr McCauley will treat you as a responsible individual and will expect you to take an active part in your treatment. You should also expect to take part in the treatment decisions. You should understand the goals and direction therapy is taking, and if you do not understand, you should ask. If you desire a different clinician or a "second opinion," please discuss this with Dr McCauley.

Your Responsibilities. If you should need to cancel your appointment, please do so at least two business days in advance of the scheduled session, so the time can be offered to someone else. Non-attendance or appointments cancelled in less than two business days of the scheduled interview will be charged at the standard rate. *For mental health emergencies, your nearest Accident and Emergency Department will be able to assist.

Privacy Issues. Before initiating a professional evaluation or treatment relationship with Dr McCauley, we want you to know about privacy ground rules. Dr McCauley provides services that are consistent with patient privacy standards outlined by the American Psychological Association, Psychological Society of Ireland, British Psychological Society, and Health Insurance Portability and Accountability Act (HIPPA). Generally, information discussed during the evaluation and treatment sessions is confidential and may not ordinarily be revealed to anyone outside the clinic without your consent. Under some limited circumstances, information may be released without your permission. These are discussed below.

Records of Your Care. Every visit with Dr McCauley is documented and such entries contain only pertinent information relating to your care, in order to protect your privacy. These chart entries are stored electronically and at times, in hard copy at the Blackrock Clinic. If you have been referred to Dr McCauley by another clinician (e.g. psychiatrist), then a brief summary of your care is communicated to your referrer. Liaison with your GP is also standard practice, even if you have self-referred to the clinic, as this helps to facilitate continuity of care. If Dr McCauley refers you to another mental health or medical service, then a referral letter is constructed and passed to the new provider. In this regard, it is important to note that aside from acute emergencies, your written consent will be obtained before such information is released. Finally, other than when ordered to do so by a judge, Dr McCauley will obtain your written consent, before releasing pertinent information from your records for legal purposes.

Disclosure Policy. The privacy of your mental health records is protected by the legal and professional-regulatory standards of Dr McCauley's practice. Under these rules, Dr McCauley may release your records without your consent under limited circumstances. Such situations include: Danger to Self or Others. Clinical psychologists' must take steps to protect individuals from harm when the patient presents a serious threat to the life or safety of self or others. Psychologists' must report explicit threats to kill or seriously injure a clearly identified or reasonably identifiable person, or to destroy property under circumstances likely to lead to serious bodily injury or death.

Supervision Requirements: Clinical psychologists are required by their professional regulatory body to undergo regular clinical supervision with a psychologist peer. Clinical supervision may include a discussion of your case or treatment plan, or a review of psychological test results. Your identifiable details are not disclosed to the supervisor and supervisors' are held to the same level of confidentiality as your provider. Any request to record your session for supervision purposes requires additional written consent by you.

Consent: I consent to be assessed and treated as appropriate by Dr McCauley. I acknowledge that I have had the confidentiality limitations explained to me. I have read and understand the above policies. I understand that I have a right to have any of the above policies explained further to me and that a copy of this information sheet will be given to me at my request. A photocopy of any signed form will be considered as an original copy. I understand that payment for services should be made on the day the procedures are carried out. I am responsible for any charges and I am aware that such payment may be made by credit card or cheque.

Patient's Name:_____ Patient's Signature:_____ Date:_____

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RELEASE OF INFORMATION

The purpose of the following details are to authorize the release of information of your mental health care, both verbal and written, between Dr McCauley's office and certain healthcare professionals, these other professionals might include mental health clinicians, substance abuse workers, state-bodies, and so on. This release excludes communication between Dr McCauley and your GP and/or the provider that referred you to this service, as such correspondence is standard clinical practice. As outlined earlier, continuity of care is important in providing safe and professional psychological services.

Mental Health Clinician (Name/Address/Phone)

_____

Substance Abuse Worker (Name/Address/Phone)

_____

Other (Name/Address/Phone)

_____

Other (Name/Address/Phone)

_____

Summary of the information being released to the above individual(s):

I authorize Dr McCauley's office to communicate with the above persons and/or agencies in support of my care. I understand that I may revoke this authorization at any time by giving written notice to Dr McCauley's office except to the extent regarding actions that have already been taken. As such, this release will remain active until revoked in-writing by me (the patient). I also understand that this authorization does not relate to communication between Dr McCauley's office and my GP and/or referring provider, as such correspondence will occur as part of standard professional practice.

Patient's Name:_____ Patient's Signature:_____ Date:_____