



GROW WELL PSYCHOLOGICAL SERVICES Pty. Ltd

ABN: 23164723915

JOHN ALESSANDRINI

Principal Psychologist (Registered)
B.App.Sc.(Psych.) B.Psych. Dip.Ed. MAPS.

PO Box 920 Gosnells WA 6990 MOBILE: 0400 181 488 EMAIL: john@grow-well.com.au

SCHEDULE OF FEES

The Australian Psychological Society has endorsed that the **recommended fee** until 30 June 2025 for a **standard one hour psychological consultation** is **\$311.00**. This fee is a recommendation by the APS. However, please note my consultation fees will differ:

Initial Consultation (60 - 90 mins.)	\$215.00 - \$322.50
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Subsequent & Telephone Consultations (Hourly fee applies or part thereof)	\$215.00
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In the event of a missed appointment or late notification of appointment cancellation a \$177.37 fee (inclusive of a GST administration charge) will be payable, unless notification has been provided 24 hours prior to scheduled consult.

Standard psychological consultations do not currently attract GST.

Accounts are to be settled by cash, chip read cards via Point of Sale device or EFT at time of consultation - Thankyou.

Medicare or Health Fund rebates may also be available - please enquire when making an appointment.



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PROFESSIONAL BACKGROUND

I would like to take this opportunity to introduce myself given that we will be embarking on a journey of wellbeing and psychological recovery.

It is important for you to feel safe in the knowledge that a qualified professional is assisting you. I am **Fully Registered** with the **Psychology Board of Australia** and am also a **Full Member** of the **Australian Psychological Society**.

PROFESSIONAL EXPERIENCE & SERVICES

I have been practicing as a Psychologist since 1992.

For approximately 6 years I worked as a Psychologist with the Education Department of WA across wide and varied geographical locations and communities throughout WA. During this time I developed a wide range of psychological skills, assisting students aged 4-17 years, their Parents, Teachers and Principals.

As part of my ongoing professional development I completed a **Diploma in Hypnotherapy** via the **Milton H. Erickson Institute of WA**.

Since 1997, I have extensively delivered adult therapy services, having also worked in the area of vocational rehabilitation and the provision of psychological services across various compensable schemes/systems. I have also provided diverse psychological consultancy to various organisations including, but not limited to, the establishment and provision of Employee Assistance Programs.

It has been my work as a Psychologist in these capacities that has allowed me to further develop and consolidate therapeutic skills across a number of modalities & areas of psychological concern including, but not limited to, the following:

- Hypnotherapy
- Behavioural Modification and Cognitive Restructuring through Cognitive-Behavioural Therapy
- Schema Based Therapeutic Modalities
- Counselling Interventions & Focused Psychological Strategies for a Range of Psychological Processes/Conditions such as:
 1. Pain Management
 2. Unresolved Grief
 3. Complex Trauma
 4. Stress Reduction/Management
 5. Depression
 6. Anxiety (Panic Disorder)



As a result, it is my comprehensive knowledge, skills and experience as a generalist psychologist that permits me to provide the aforementioned psychological services to meet the diverse needs of my clients as individuals or as corporate organisations.



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CONSENT FORM

Ethical Considerations

As a Registered Psychologist and Member of the Australian Psychological Society, I am bound by a Professional Code of Conduct/ Ethics.

At our first meeting, and as counselling progresses, you will be fully informed of the psychological services I will be providing you. Any associated risks in delivering the service, will be discussed. My aim is to ensure that you are provided with information, so you can make an informed decision whether to proceed with the intended psychological service.

As part of this service I will be documenting personal and demographic information about you. This information collection is important to assist me determine the most appropriate assessment and intervention.

In cases pertaining to the delivery of psychological services under the auspice of Medicare's Better Access mental health initiative, referrals for psychological intervention will have been activated by treating General Practitioners or Psychiatrists. As a result, a written summary pertaining to the psychological assessment undertaken, intervention and the client's progress in relation to such, remains a requirement under the provisions of this programme and in order for clients to claim the applicable Medicare rebate. Written summaries need to be provided to the referring medical practitioner following six sessions of intervention, and upon completion of the ten permissible sessions applicable within any given calendar year from the date of initial referral. Should psychological intervention cease prior to utilising the total number of allocated sessions, a written summary to the referring medical practitioner remains applicable.

Policy for Management of Personal Information

Collection of your personal information is governed by Australian Privacy Principles from the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*, *Privacy Amendment (Notifiable Data Breaches) Act 2017* and the Office of Australian Information Commissioner (www.oaic.gov.au).

Upon request you may access our "*Policy for Management of Personal Information*" outlining:

- What information is collected and how it is held
- The purposes for which this information is held and used and my policy regarding the disclosure of your personal information
- How you may access and seek correction of your personal information
- How you can make a complaint should you feel that management of your personal information has been breached in accordance with the requirements of the applicable Acts and the mechanisms by which such a complaint may be addressed.

If the service has been funded by a third party, their consent for release of any information to you will also be required.



Confidentiality

All personal information I gather during provision of psychological services to you will remain confidential and secure except when:

1. It is subpoenaed by a Court, State or Federal jurisdiction with legal statutory authority/powers; or
2. Failure to disclose the information would place you or another person at risk; or
3. Your prior acknowledgement and approval has been obtained to:
 - a) Provide a written report to another professional or agency, e.g. G.P. or lawyer; or
 - b) Discuss the material with another individual, e.g. parent or employer.

Fees and Cancellation Policy

You will be provided with a copy of my “*Schedule of Fees*” and information regarding my appointment cancellation policy.

Charter for Clients of Psychologists

The attached Charter explains your rights as a client of a Psychologist.

Please Note: If you remain unclear regarding the content of, or have any queries / concerns after reading this document, please discuss these with me further before providing your signed consent below.

CONSENT FOR PSYCHOLOGICAL SERVICES

I, *(print name in BLOCK CAPITALS)* _____, have read and understood the above information contained in this “**Consent Form**”. I agree to the aforementioned conditions for the provision of psychological services to me by John Alessandrini:

Signature: _____

Date: _____



CHARTER FOR CLIENTS OF PSYCHOLOGISTS

All psychologists are legally required to be registered with the Psychology Board of Australia, ensuring compliance with its regulatory requirements. Your psychologist is also a Full Member of the Australian Psychological Society (APS), the largest professional organisation for psychologists in Australia.

As a client of an APS psychologist, you have the right to expect that:

- You will be treated with respect at all times
- Your cultural background and language tradition will be respected
- You will be given a clear explanation of the services you will receive
- You will be asked to give your consent for any service provided by your psychologist prior to the service commencing and as it progresses
- You will receive an explanation about the confidentiality of the service and the exceptional situations where your confidentiality may not be protected
- You will receive a clear statement about fees for your psychologist's services
- There will be a discussion about the estimated number of sessions required to achieve your goals
- You will receive skilled and professional services from your psychologist
- There will be clear goals that you and your psychologist are working toward
- You can ask any questions about the service you are receiving.



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NOVONOTE

NOTE TAKER CONSENT

Grow Well Psychological Services has introduced the use of NovoNote, an automated tool designed to assist clinicians with taking session notes. Below is an explanatory statement about the technology and a consent form.

Purpose of the automated note taker: The use of an AI enhanced note taker was adopted to enable us to focus more on communication and your care during sessions, rather than being distracted by manual note-taking.

What we Saved: As a healthcare provider, we keep notes of our contact with you to help us serve you better. Our AI note taker, NovoNote, helps by transcribing the session and then providing a summary of that session. Typically, the transcript of the session will be deleted and will not make up part of your client file, while the summary is saved as part of your file. Audio of the session is never saved.

Compliance and Security: NovoNote complies with the Australian Privacy Principles and is compliant with the **Australian Health Practitioner Regulation Agency (AHPRA)** standards. It adheres to industry encryption and security protocols. NovoNote operates on a secure server in Australia and your data does not contribute to training AI models. For more detailed information on the security measures and protocols of NovoNote, please visit the security page: NovoPsych.com.au/NovoNote_Security

Should you require any further information or clarification, or have any potential concerns prior to availing your signed consent, please do not hesitate to discuss this further with your psychologist in order that appropriate understanding and accommodation ensues.

I consent to the audio of my session being processed into a transcription for the purpose of creating session summaries.

Name: _____

Signature: _____

Date: _____