



Dear Parent/Guardian,

OnPsych is now available at our school!

*Do you find that your child is having emotional or behavioural issues? Are they struggling socially, academically? **Craigieburn Primary School** now has a registered clinical psychologist to support your child.*

Angelica Gomez is a registered clinical psychologist who specialises in child and adolescent mental health. Her services are provided at the school at **NO OUT OF POCKET COST** through Medicare bulk billing. She will work collaboratively with you, your child, and the teachers to maximise opportunities for positive growth.

To access these Medicare bulk billed services please contact the school administrative staff and request an OnPsych Parent Pack for further information.

I encourage you to follow these easy steps to obtain a GP referral and return to school as soon as possible:

- Complete the paperwork below (titled 'Information for your GP')
- Book a double appointment with your GP
- Advise them of your concerns regarding your child's emotional wellbeing
- Obtain a referral under the Better Access Initiative (Item 2715/2700)
- Have your GP complete the paperwork and return it to school
- onPsych will then be in contact with you to arrange a meeting for yourself and your child.

You can also follow us and share our Facebook Page

www.facebook.com/onPsychaustralia/ to stay updated with news our onPsych community.

Sincerely,

Angelica M. Gomez.

Clinical Psychologist.

0431 886 509

Availability: Monday to Friday 9am. to 5pm.



Website	<u>www.onPsych.com.au</u>
Ph	1300 659 350
Fax	1300 651 580
Email	<u>contact@onpsych.com.au</u>
Facebook	<u>https://www.facebook.com/onpsychaustralia/</u>

PART C: INFORMATION FOR PARENTS TO TAKE TO GP

Important: when making the doctor's appointment, inform the receptionist that the appointment is for a referral to a Psychologist under Medicare item 2715.

It is important that the GP provides an accompanying letter attached to the Mental Health Plan for Medicare purposes. Please remind the GP of this.

Student Name:

School:

Student Address:

Parent/Guardian:

Contact Number/s:

Student Date of Birth:

Medicare Number:

Presenting Problems at school/home

- 1.
- 2.
- 3.

Outcomes we would hope to see from a psychological intervention

- 1.
- 2.
- 3.

Additional Comments:

If you would like further information about onPsych, please visit us at www.onpsych.com.au, or phone 1300 659 350.

Once you have received the referral, please contact Mrs Wendy Alway.

PART D: ONPSYCH CONFIDENTIALITY AND PRIVACY STATEMENT

1. During the course of counselling, sensitive personal information may be collected by the psychologist or mental health Social Worker. Personal information is information, which directly or indirectly identifies a person. The student and their families have the legal right to have that information protected.
2. All clinical files are confidential documents and are the property of onPsych.
3. onPsych recognises that students over the age of 15 have the right to access their personal information. Parents or legal guardians of children under the age of 15 have the same right to access the child's personal information about the child's file.
4. Given we are bound by the Code of Ethics and scope of practice from the APS or AASW, onPsych staff are unable to provide any third party (such as school employees or families of children over 15 years of age) with personal information of the student without their explicit written approval.
5. Under exceptional circumstances, information may be disclosed to a third party to avert risk. Legal compliance requires that if the staff member is concerned about the safety of a student, or others, then confidentiality may be broken. Only minimum information will be disclosed to avert risk and attempts will be made to discuss this first with the student. In exceptional circumstances, files may be subpoenaed by the court. Under no other circumstances will student confidentiality be broken.

PART E: RELEASE OF INFORMATION

REASON FOR REFERRAL:

Please write a brief statement outlining the child's difficulties / areas of concern or attach a referral letter.

Please provide contact details below if you would like Mrs Wendy Alway at Craigieburn Primary to contact these professionals regarding your child.

We work collaboratively with teachers, student wellbeing coordinators and other professionals, and require your permission to do so.

Yes No

School Principal/Assistant Principal

☐ ☐

Student Wellbeing Coordinator

☐ ☐

Classroom Teacher

☐ ☐

Other Professional

☐ ☐

Please provide details

Is your child currently on medication? If yes, please give details.

In referring my/our son/daughter _____ to onPsych for services, I/we acknowledge that:

1. Treatment intervention to be undertaken by onPsych staff may include:

- a) Administration of formal tests considered relevant to diagnosis;
- b) Observations of the student's behaviour and performance in informal settings (such as classrooms

or playgrounds);

2. visit my/our child's regular school (with the agreement of the school principal) for the purpose of consulting with educational personnel and other relevant professionals, regarding the student, with possible outcomes of ongoing consultative support, treatment, or assessment;

3. create written records of my/our child and use these in preparing their consultations and recommendations with parents, educational personnel and other professionals. All records will remain the property of onPsych as medico-legal documents;

4. contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists and doctors) to seek information about the student's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested;

5. use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes. I/we hereby exempt onPsych, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by onPsych staff in relation to the student, and from any liability for any physical injury that may occur to the student whilst under the supervision of onPsych staff, on the condition that those staff act conscientiously in accordance with the practices and duty of care normal to their professions.

Agreement of Conditions of Services and Parents'/Guardians' Consent Form

Do you consent for your child to be involved in individual sessions with the onPsych psychologist visiting your school?

Yes No

Do you consent for your child, to be involved in group work activities with other referred children when offered by the psychologist? (Please note that individual session discussion is independent of group work sessions and confidentiality is not jeopardized)

Yes No

Name (Parent 1): _____ Signature: _____

Name (Parent 2): _____ Signature: _____

PLEASE SIGN AND RETURN THIS ORIGINAL. PLEASE KEEP A COPY FOR YOUR RECORDS.
