

Intake form

<i>Client name</i>	
<i>Date of birth</i>	
<i>Address</i>	
<i>Landline</i>	
<i>Mobile</i>	
<i>Email</i>	

Please write NO if you do NOT agree to email correspondence to you for 1) administrative reasons (e.g. arranging appointments, sending invoices), or therapy-related reasons (e.g. sending worksheets, therapy handouts, to enable psychometric assessment, etc.):

<i>Name of person to contact in emergency</i>	
<i>Relationship</i>	
<i>Contact details including telephone number</i>	

<i>GP name</i>	
<i>Surgery name, address and telephone number</i>	

Payment details (please leave blank if you will be paying invoices yourself or if you were referred by Cambridge University/Addenbrooke's Hospital Occupational Health):

<i>* Health insurance provider</i>	
<i>Policy number & authorisation number</i>	
<i>Other individual to whom invoices are to be sent and relationship to client</i>	
<i>Contact details (address or email)</i>	

*** Please get authorisation from your insurance provider prior to starting treatment.**

Please write YES to indicate whether you intend to apply for the concessionary rate (see details on my website: www.camclinic.net/rates/):

Office use only: CR approved Y / N

Disclosure and retention of personal information

In line with the professional guidelines for registered clinical psychologists and data protection legislation, your clinical information will be treated strictly confidentially. Your file will be kept in a locked filing cabinet or other secure location. Required information may be shared with my support staff, who will keep this confidential. Any personal electronic information, retained on my computer, will be password-protected. My email (encrypted when in transit, but not on the server) is stored in Apple iCloud and I use SpiderOak for data back-up (a fully encrypted service); both services abide by the principles of the US Dept of Commerce Safe Harbor Program. I use QuickBooks online accounting software, which uses encryption to move and store data (only your name and email address will be entered).

I will retain your paper file for six years after the end of the calendar year of your final appointment after which it will be destroyed. I will delete your emails within three months after your final appointment. Invoicing details and your details in my electronic diary will be retained for seven years from the end of your year of discharge. If there is a need for me to administer questionnaires or other psychometric assessment instruments, I may enter your email address and initials to enable use of the web-based NovoPsych Psychometrics service, which stores your details in encrypted form. All your data on their website will be deleted within three months after your final appointment. Your text messages (SMS) to my mobile will be deleted after one year.

I may need to share your clinical information with health professionals involved in your care, which may include your GP or with other clinical psychologists as part of peer supervision. Communication, written or otherwise, with health professionals, is recommended when this is considered necessary for your well-being.

If you have been referred by a health professional, I will usually have to keep the referrer updated about your care, by written (typically an assessment and discharge report) and/or verbal communication. Please indicate below whether you would like a written report to be copied also to *another health professional*, e.g. your GP or psychiatrist (otherwise leave blank – you don't need to provide the referrer details):

<i>Name & designation (e.g. GP, or psychiatrist)</i>	
<i>Address (if not already provided)</i>	

If you have self-referred, please indicate whether you would like a written report to be copied to a health professional (*it is strongly recommended that you or I provide feedback to your GP about my involvement if he/she is involved in administering treatment for any mental health problems*). Please provide details of the individual(s) below who should receive such reports (otherwise leave blank):

<i>Name & designation (e.g. GP)</i>	
<i>Address (if not already provided)</i>	

Any reports will be invoiced according to the rates on my website according to the length of time taken to write the report. A brief assessment/discharge report will on average not take more than 30-60 minutes to complete. For occupational health referrals, please note that a fee will be charged to the referring institution if you do not attend the appointment or cancel on the day.

Confidentiality will be breached only in highly exceptional circumstances when there is a risk to you or others (special child safeguarding considerations may apply, or disclosures required for protecting the health of the public as part of contact tracing if I contracted the coronavirus) or when the practice is legally required to release information. In such cases, your consent will first be sought or you will be told the details of information released, except if this clearly exposes you or others to serious risk of harm.

Could you please sign the document to indicate:

- 1) that you have read the information on disclosure and retention of personal information (document version: 17 October 2021), and are satisfied with this;
- 2) that you are aware of which rate applies to you as can be seen on www.camclinic.net/rates, and are willing to comply with this (*please note that we invoice Cambridge University/Addenbrooke's Hospital Occupational Health directly for their referrals*);
- 3) that you have read and retained a copy of the Practice Information Sheet (document version: 17 October 2021), which outlines your rights and responsibilities in purchasing/utilising a clinical psychology service provided by Dr Jan van Niekerk, and that you accept these terms.

Date:

Name:

Signature:

If this form has been electronically submitted, please tick the box (by double-clicking), or write "Yes" after the box, to indicate your acceptance of the terms above in the absence of signing the document: