



Alegna Solutions

Your Commitment to Your Therapy & Cancellation Policy

- I, [REDACTED] agree to **phone** the Alegna Solutions to confirm my appointment at least 24 hours before I am scheduled to attend. A reminder will be provided the day before the appointment.
- If I do not show up for a scheduled appointment, I accept I **will be charged a \$50.00 non-attendance fee**. I am aware that this fee is payable regardless of whether I have confirmed my appointment or not, and that it is a **requirement that this fee is paid before continuing treatment**.
- I, [REDACTED] agree to advise Alegna Solutions Centre of any change or cancellation to my appointment **by providing at least 24 hours notice**. Please note that Monday appointments require cancellation before 5pm on the Friday prior to the appointment as the clinic does not operate on weekends. I understand that without this notice I am liable for the **non-attendance fee of \$50.00**.

Confidentiality

- Personal information regarding your treatment will remain confidential and secure, except where:
 1. It is subpoenaed by a court, or
 2. Failure to disclose information would place you or another person at serious & imminent risk; or
 3. Your prior approval has been obtained to:
 - i. provide a written report to another professional or agency. e.g. a lawyer; or
 - ii. discuss the material with another person, e.g. parent or employer; or if disclosure is otherwise required or authorised by law.
- Please note, if you are referred by a medical service (such as GP, Psychiatrist, or Paediatrician), your psychologist is required to provide this referrer information relevant to your treatment.

*By signing this form I acknowledge & accept the above
Therapy Commitment, Cancellation & Confidentiality conditions at Alegna Solutions.*

*Client's
Signature:*

[REDACTED]

Date:

[REDACTED]

*Practitioner's
Signature:*

Angela Elia

Date:

[REDACTED]