




ārogWellnes

Policy and Procedures

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ārogWellnes
Policy and Procedures

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Disclaimer:

The information contained in this guide is accurate at the time of publishing. However, due to the nature of the allied health industry, ongoing research, and updates from external agencies such as Medicare, the information may not remain current at the time clients read this text. Users of this guide are advised to verify details as necessary and seek professional guidance where appropriate.

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POLICY AND PROCEDURES



CRISIS SUPPORT

If you are in immediate danger or experiencing a mental health emergency, please call 000 (triple zero). You can also access 24 hours a day 7 days a week mental health support through the following services. You can contact these services on the following telephone numbers:

Emergency:	000
Suicide Hotline/Lifeline Australia:	13-11-14, Text (SMS) 0477-13-11-14, https://www.lifeline.org.au
1800RESPECT:	1800-737-732, https://www.1800respect.org.au
13YARN:	13-92-76, https://www.13yarn.org.au
Beyond Blue:	1300-224-636, https://www.beyondblue.org.au
Kids Helpline:	1800-551-800, https://kidshelpline.com.au
LGBTQ+ Crisis Hotline:	1800-184-527, https://qlife.org.au
MensLine Australia:	1300-789-978, https://mensline.org.au
National Alcohol & Other Drugs Hotline:	1800-250-015, https://www.health.gov.au/our-work/drug-help
Suicide Callback Service:	1300-659-467, https://www.suicidecallbackservice.org.au

* = Check relevant website for current telephone numbers.

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MISSION

To cultivate personal resilience and inner strength to foster personal growth.

VISION

Empowerment to live balanced and purposeful lives by nurturing inner stillness, strengthening emotional well-being, and promoting self-awareness.



APPOINTMENTS

Cancellation Policy

We understand that clients may need to change their appointments. If clients need to cancel or reschedule appointments, ārogWellnes requires at least 48-hours' notice. Cancellations made with sufficient notice allow us to offer the appointment to another client in need. Due to demand and long waiting lists, we appreciate your cooperation in notifying us early. Cancellation fee details:

- | | |
|---|--------------------------|
| • Cancellations with more than 48 hours' notice: | No fee |
| • Cancellations with less than 48 hours' notice: | \$55 cancellation fee |
| • No-shows without notice: | Full session fee applies |

Please note:

- Cancellation fees are not covered by Medicare and paid by clients.
- Private patients including WorkCover, Traffic Accident Commission (TAC), or private health insurance clients are expected to pay for their consultation on the day and claim reimbursement directly from their insurer/provider.

Telehealth Option

If attending in person is not possible, we offer telehealth sessions to ensure continuity of care.

Appointment Confirmation

All appointments are confirmed a few days prior. Please reply 'Yes' to confirm or 'No' to cancel. If you reply 'No', please contact us to rebook. Failure to respond may result in your appointment being offered to someone on the waiting list.

Waiting and Cancellation Lists

Some practitioners have longer waiting periods. If you wish to be seen earlier, you may request to be added to a Waiting List or Cancellation List. This is not a guaranteed appointment, but if a cancellation occurs, we will contact clients on those lists to offer the vacant slot. You are under no obligation to accept the offer. If you no longer require the appointment, please let us know so we can update our records.

PRACTITIONERS

Respectful Behaviour Policy

ārogWellnes upholds a zero-tolerance policy for aggressive, abusive, or disrespectful behaviour in any form—whether in person, over the phone, or via email. This includes swearing, threats, personal attacks, or intimidation. Any such behaviour will result in immediate termination of services, cancellation of all future appointments, and may involve clinic security and/or law enforcement. This policy applies to all interactions with our staff, practitioners, and others in the waiting area.

Practitioners' Autonomy

At ārogWellnes, we host a collective of independent professionals who share consulting space and, in some cases, administrative support. Each practitioner operates independently—setting their own fees, determining their schedule, and defining the services they offer.

Choice of Practitioner

We offer a diverse team of practitioners. If more than one practitioner can meet your needs, we may offer recommendations to reduce your wait times. However, the final choice is always yours. Practitioners may, based on professional judgement, determine they are not the most appropriate clinician for your care. If this occurs—either during triage or treatment—we will assist by recommending suitable alternatives. New clients are generally required to attend in-person for their first consultation; however, telehealth may be okay if that suits you best.

Referrals

In most cases, practitioners may require a valid referral from your health professional, such as General Practitioner (GP) if you wish to claim a Medicare rebate. Appointments cannot be confirmed until a valid written referral is received.

Telephone Calls to Practitioners

We do not transfer clients' telephone calls to our practitioners, and their personal contact details are not provided. If you wish to contact a specific practitioner, please email our reception, and your message will be passed along.

PERSONAL INFORMATION

We collect personal information such as name, date of birth, contact details, Medicare or health fund information, referral details, and emergency contacts. Sensitive information collected may include psychological history, medical history, mental health diagnoses, family and social background, and other relevant health-related data.

Purpose of Collection

- Information is collected to provide psychological assessments, therapy, and support services.
- It may also be used for administrative, billing, and communication purposes, including sending reminders or liaising with other health professionals.

How Information is Collected

- Personal information is collected directly from clients (in-person, via forms, phone, or email), or from third parties with client consent (e.g., GPs, psychiatrists, schools).

Registration and Consent Forms

On your first visit, you may be asked to complete a registration and consent form, such as [Annexure A - Informed Consent for Psychological Services](#). Please read these documents carefully, as different practitioners may use different forms. If you are seeing multiple practitioners, you may be required to complete the forms more than once.

Forms may include consent for:

- Communication with your healthcare team (e.g., GP, specialist)
- Uploading documents to your eHealth record
- Billing through Medicare, private insurance, etc.
- Treatment and service delivery

Client Consent

- Written (preferred) or verbal consent is required before collecting or sharing information with third parties, unless there is a legal or ethical obligation to disclose without consent (e.g., risk of harm).

Use and Disclosure of Information

- Information is used solely for the purpose it was collected.
- We may disclose, with clients' consent, information to other health professionals or support services if it is in the client's best interest.

Exceptions include situations of serious risk, legal requirements (e.g., subpoenas), or mandated reporting (e.g., child protection).

Confidentiality Limitations

Confidentiality limitations mean that sometimes we have to share with others your personal information without your consent. Limits include risk to self or others, legal orders, and reporting of abuse or neglect.

- If asked, psychologists may explain confidentiality and its limits at the beginning of the therapeutic relationship (first session), and sometimes in subsequent sessions.
- There are certain legal and ethical situations where your (client) personal information may need to be disclosed, including:
 - If there are serious concerns for your safety or the safety of others
 - In cases involving child protection
 - If a serious criminal offence is disclosed that has not been reported
 - If subpoenaed by a court
 - If you are involved in legal proceedings, please keep in mind that records may be subject to court orders.

Privacy and Communication

To protect client confidentiality, only clients (or a legal guardian, where applicable) should communicate directly with our Practice/Clinic. We are unable to disclose any information to third parties regarding appointments, medical issues, or treatment plans. If caller identity cannot be verified, we may return the call using the phone number on clients' file. This measure ensures privacy and security.

Privacy in Common Areas

Our practitioners endeavour not to discuss any private or sensitive matters while escorting clients from the reception area to the therapy room, or when accompanying clients back to the reception area. This practice is intended to protect client privacy and confidentiality in shared or public spaces. Clients are respectfully asked to conclude all private or sensitive conversations within the therapy room and to refrain from discussing personal matters in hallways or reception areas, where conversations may be overheard by others. This approach aligns with professional confidentiality obligations and helps maintain a respectful, safe, and private environment for all clients.

Data Storage and Security

- Always check that your name and other important personal details, such as spelling, are correct. If you notice any errors, inform us so we can update your records.
- Access is limited to authorised personnel.
- Records are retained for the legally required period.

Third-Party Platforms

We may use third-party platforms for telehealth to conduct a virtual session with our clients, or use client management software.

Feedback

- Clients may provide their feedback to their practitioners. Alternatively, you can email the feedback.



Contacting Us

Email: Preferred for administrative matters
Email ID: admin@arogwellness.com



PSYCHOLOGY FEES

Mental Health Care Plan (MHCP)

If you have a current MHCP from your GP (doctor), you may receive a Medicare rebate.

National Disability Insurance Scheme (NDIS) Clients

Clients who are self-managed or plan-managed under the NDIS are often covered by NDIS funding.

Payment Policy

All appointments are prepaid. If you have multiple appointments booked on the same day, payment is required at the beginning of the day. This approach helps us identify any payment issues early and reduces administrative workload.

Fees

The Australian Psychological Society recommends a fee of \$311* per 50-minute session for psychology sessions in Australia. Our psychologists offer services at lower rates. Our fees vary based on the practitioner and the type of service provided:


For psychology sessions under Medicare, clients must have a valid referral (Mental Health Care Plan or MHCP) from their treating doctor (GP, psychiatrist, or paediatrician). NDIS clients must have an active NDIS plan, and psychology services must be included in their plan in order to access funding for sessions. For most WorkCover, TAC, and Private Health Insurance claims, clients may have no out-of-pocket expenses, as the relevant insurer or funding body covers the full cost of the psychology session, subject to approval and clients' insurance scheme conditions. If the insurer or funding body does not approve or fully cover the session cost, the client will be responsible for any remaining balance as an out-of-pocket expense.

For current session rates, please refer to [Annexure B - Price List](#) (Fully Registered Practitioners) and [Annexure C - Price List \(Intern\)](#), located at the end of the Policy and Procedures.

Psychological Report Fees

Fees for psychological reports are determined by the scope, purpose, and complexity of the work required. This includes consideration of type of report, time involved in assessment and report preparation, use of standardised assessment tools, and level of detail required by the requesting authority (e.g., NDIS, courts, or educational institutions).

Fees also reflect the psychologist's qualifications, training, and experience, as well as any external funding rules or pricing limits (such as those set by the NDIS). Requests for urgent or expedited reports may attract additional fees due to priority scheduling. Consistent with professional guidance from professional bodies,



report writing is charged on the basis of professional time and expertise. Medicare does not provide rebates for psychological report writing.

For Psychological Report fees, please refer to [Annexure D - Psychological Report Fees](#) at the end of the Policy and Procedures.

Report Timeframes and Order of Processing

All psychological reports are subject to a waiting period. Reports are prepared on a “first-come, first-served” basis, in accordance with professional workload capacity and ethical obligations to maintain report quality and accuracy. Timeframes may vary depending on case complexity, availability of assessment information, client attendance, expert consultation with a psychology supervisor, and external requirements (e.g., court or funding body specifications). Clients will be advised of estimated timeframes prior to commencement of report preparation. Requests for urgent or expedited reports may be considered on a case-by-case basis and will incur additional fees.

For report timeframes and order of processing, please refer to [Annexure E - Report Preparation Timeframes](#) of the Policy and Procedures.



REBATES

Medicare

You may be eligible for a Medicare rebate* if you have a current Mental Health Treatment Plan (MHTP) from a GP, psychiatrist, or paediatrician. MHTP allows for rebates for certain numbers of sessions per calendar year*.

Private Health Insurance (PHI)

If your private health insurance includes allied health sessions (or the service you are seeking), you may be able to claim a rebate* depending on your PHI Provider/Insurer and level of cover.

Note: You cannot claim both Medicare and private health rebates for the same session.

NDIS

If you are managed under the National Disability Insurance Scheme (NDIS), you may be eligible for a NDIS rebate* for psychology sessions. All NDIS clients are required to sign an NDIS Service Agreement ([Annexure F - NDIS Service Agreement](#)).

Service Types

Our practitioners may offer services under the following funding arrangements:

- | | |
|---|--|
| • Mental Health Treatment Plans (MHTP): | Medicare-funded plan~ |
| • Eating Disorder Treatment and Management Plans: | Medicare-supported plans~ |
| • Chronic Disease Management Plans (CDM): | Medicare plan with chronic conditions~ |
| • Department of Veterans' Affairs (DVA): | Australian veterans or their dependents~ |
| • Private Health Insurance: | No Medicare rebate |
| • Private Fee (Self-Funded): | No Medicare rebate |
| • National Disability Insurance Scheme (NDIS): | Plan-managed or self-managed |
| • WorkCover/Workers' Compensation: | Recovering from workplace injuries |
| • Traffic Accident Commission (TAC): | Involved in motor vehicle accidents |
| • School or Educational Funding: | For learning, attention, or behavioural concerns |
| • Employer-Funded Programs (EAP): | Counseling services paid for by the employer |
| • Community Health or Non-Profit Grants: | For specific groups (refugees, CALD communities) |

* = Check the relevant Agency/Provider/PHI, or Medicare, for up-to-date information.

~ = May require a GP or specialist referral.

OUR TEAM

Psychology Team

Our team of psychologists is dedicated to delivering care for children, adolescents, adults, and couples. They support individuals experiencing a range of mental health challenges, including anxiety, depression, trauma, personality disorders, neurodivergence (such as ADHD), and interpersonal difficulties. They endeavour to create a safe, non-judgmental space where clients feel heard, and respected. Therapy is grounded in evidence-based approaches, including Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), Mindfulness, and the Gottman Method for couples.


Some of our psychologists come from CALD (Culturally and Linguistically Diverse) backgrounds, speak more than one language, and have experience supporting CALD clients. They provide care across different age groups, tailoring their approach to individual needs. Our psychologists bring warmth and empathy to the therapeutic relationship, creating a foundation for healing and growth. They acknowledge neurodiversity and practise with cultural sensitivity, ensuring our care is inclusive and responsive to diverse identities and experiences.

Beyond their clinical roles, our psychologists are ordinary people with diverse interests—ranging from travel and sports to art and nature—adding depth and relatability to their practice. United by a shared commitment to client empowerment, our team supports individuals to build resilience, improve relationships, and work toward a meaningful, fulfilling life.

Occupational Therapy Team

At ārogWellnes, our Occupational Therapy (OT) team is known for compassion, expertise, and a commitment to empowering individuals of all ages and abilities. From young NDIS participants to older adults, our therapists work with clients to overcome challenges and lead more independent, fulfilling lives—no matter their injury, disability, or health condition. What sets our OT team apart is their client-centered approach. Rather than focusing solely on limitations, our therapists take the time to understand each individual's unique strengths, needs, and aspirations. They use this insight to develop practical, tailored strategies that foster self-sufficiency, restore confidence, and enhance quality of life. Whether it's modifying a home for better accessibility, introducing tools for daily living, or supporting cognitive rehabilitation through skills such as budgeting and time management—our therapists are solution-oriented and hands-on.

In paediatric care, our OT team plays a particularly pivotal role. With a strong foundation in child development, our paediatric occupational therapists deliver targeted interventions that help children build essential skills—from fine and gross motor coordination to routine-building and sensory regulation. For children with disabilities, who often face distinct daily challenges, our team designs personalised programs




that highlight each child's strengths, support their developmental goals, and enable meaningful engagement with the world around them. Our OT team brings dedication, adaptability, and clinical excellence to their work, ensuring clients are not just supported, but truly empowered.

Speech Pathology Team

Our speech pathologists understand that communication and mealtimes are more than just routine parts of the day—they're vital to wellbeing, connection, and independence. Our team supports children, adults, and families who face challenges in these essential areas, whether due to developmental conditions, neurological changes, hearing impairments, or acquired injuries. Our team brings a warm, collaborative approach. They recognise that difficulties with speech, language, or swallowing can affect much more than just the task at hand. A child who can't express their needs may experience frustration, behavioural challenges, or social withdrawal. An adult who fears choking may begin to avoid meals altogether—impacting both nutrition and social life.

Every therapy plan is shaped around the individual. Our speech pathologists offer assessments and evidence-based support across a wide range of areas: speech clarity, language development, literacy, fluency, social communication, voice, and safe swallowing. They consider each person's goals, environment, and preferences to create support that truly fits. They work closely with families, carers, teachers, and other professionals to deliver care that's sustainable in daily life. Interventions might include alternative and augmentative communication (AAC), practical therapy strategies, skill-building exercises, or education and coaching for support networks.

For those accessing support through the NDIS, speech pathology can boost learning, confidence, independence, and engagement with the world around them.



SERVICES

Psychological Therapy

Individual Therapy

Personalised one-on-one sessions to address challenges, such as anxiety, depression, grief, and more. Our psychologists utilize evidence-based approaches, including CBT (Cognitive Behavioural Therapy), DBT (Dialectical Behaviour Therapy), Mindfulness-based approaches, and ACT (Acceptance and Commitment Therapy).

Men's Health Support

Supporting men navigating early settlement or adjustment challenges as new migrants in Australia, managing stress, and addressing men's health issues while building resilience during life transitions.

Couples Therapy

Supporting couples in navigating relationship issues, enhancing communication, and nurturing stronger, more meaningful connections.

Family Therapy

Collaborative sessions aimed at improving family relationships, resolving conflicts, and promoting mental well-being within the family system.

Parenting Support and Psychoeducation

Guidance for parents in developing effective strategies to support neurodivergent (e.g., autism) children, including promoting social skills, emotional regulation, and adaptive behaviours. Psychoeducation sessions help families understand neurodiversity, implement practical interventions at home, and create positive parent-child relationships.

Commonly Treated Mental Health Issues

- Anxiety and stress management
- Depression and mood disorders
- Parenting and family dynamics
- Relationship and couples counselling
- Trauma and post-traumatic stress disorder

Psychology Sessions

First session focuses on understanding clients' concerns and identifying their goals. Collaboratively created tailored treatment plan will reflect clients' needs. Subsequent sessions typically last 45-50 minutes. The

approach is guided by what best supports our clients' progress and well-being. Telepsychology can be arranged if you cannot attend a session in person.

Therapies

Our psychologists provide evidence-based therapies to support clients to promote mental health.

ACT

The aim of Acceptance and Commitment Therapy (ACT) is not to change or “fix” your (clients’) thoughts but to accept them and focus on actions that lead to a fulfilling life. Mindfulness techniques are often included to increase present-moment awareness and reduce stress. This approach can be especially helpful for anxiety, depression, and stress-related conditions. ACT helps individuals develop a healthier relationship with their thoughts and emotions by encouraging acceptance rather than avoidance. Instead of trying to eliminate discomfort, ACT supports living a meaningful life aligned with your values, even when challenges arise. The psychologist can assist you in learning practical tools such as:

- Defusion: Creating distance from unhelpful thoughts
- Acceptance: Allowing space for difficult emotions
- Committed Action: Moving forward toward what truly matters

ACT is adaptable and can be customised to suit individual needs, whether you are addressing mental health concerns or facing life’s everyday challenges.

CBT

Cognitive Behaviour Therapy (CBT) is effective for issues like anxiety, depression, obsessive compulsive disorder, addictions, stress, and eating disorders. Through structured sessions, clients learn practical strategies to manage negative thinking and reduce emotional difficulties. CBT may be tailored to address specific problems, helping individuals take control of their mental health. CBT is an evidence-based method that focuses on the relationship between thoughts, emotions, and behaviours. It assists individuals in identifying and challenging unhelpful thought patterns that contribute to distress, replacing them with healthier ways of thinking and responding. The psychologist can guide clients through techniques such as:

- Identifying and challenging negative or distorted thinking
- Developing coping skills for managing stress and anxiety
- Gradual exposure to situations that trigger fear or discomfort

With the support of psychologists, CBT provides a path to enhancing emotional wellbeing by nurturing positive thinking and effective coping strategies.

ERP

Through Exposure and Response Prevention (ERP) therapy, individuals learn that their fears often do not come true and that their anxiety can decrease over time. This process helps break the cycle of obsession and compulsion, leading to reduced distress and improved daily functioning.

EPR is an effective treatment for those struggling with obsessive-compulsive disorder (OCD) and anxiety-related conditions. It involves gradually exposing a person to the thoughts, situations, or objects that trigger anxiety while encouraging them to resist their usual coping behaviours, such as compulsions or avoidance. Psychologists can support clients through ERP in a safe and collaborative environment. This therapy allows individuals to progress at their own pace, with the ultimate goal of helping them regain control by lessening the impact anxiety and compulsions have on their lives.

- Obsessive-Compulsive Disorder
- Anxiety disorders, including generalised anxiety and panic disorder
- Phobias and specific fears
- Contamination fears and cleaning compulsions
- Repeated checking-rechecking behaviours
- Intrusive thoughts and mental rituals
- Avoidance behaviours related to anxiety triggers

Mindfulness-Based Therapy

Mindfulness-based therapy centres on increasing your awareness of present-moment sensations and emotions without judgment or interpretation. By observing thoughts, feelings, and bodily sensations as they arise, you can develop a deeper understanding of your emotions and learn to manage them more effectively. This approach fosters curiosity and acceptance instead of automatic reactions to stress or discomfort. Mindfulness is especially beneficial for reducing anxiety, managing depression, and coping with stress. It builds resilience by helping you stay grounded in the present moment, even during challenging times. With regular practice, mindfulness can enhance emotional regulation and overall well-being. The psychologist can guide you in developing mindfulness techniques such as:

- Breathing exercises to calm the mind and body
- Guided imagery to promote relaxation through peaceful visualisations
- Body scanning to increase awareness of physical sensations
- Mindful walking or gentle movement

Mindfulness-based therapy is flexible and can be incorporated into everyday life, making it a valuable tool for managing stress and emotional difficulties.

Gottman Method

Gottman Method is a research-based couples therapy approach designed to improve communication, rebuild trust, and enhance emotional intimacy. Developed by John and Julie Gottman, this method helps couples identify and resolve recurring conflicts, set shared goals, and strengthen their emotional connection. It also teaches effective ways to express needs and emotions while managing disagreements respectfully and constructively. Key techniques include recognizing and avoiding harmful communication patterns, building empathy, and developing mutual respect. Couples are encouraged to nurture positive interactions, which are essential for long-term relationship success. Psychologists support couples in applying these principles to enhance their relationships. The therapy focuses on rebuilding trust, managing conflict, and deepening emotional bonds, leading to more fulfilling partnerships. Issues addressed by Gottman Method include:

- Communication difficulties and misunderstandings
- Recurring conflicts and unresolved disputes
- Loss of trust or breaches of commitment
- Emotional disconnection or decreased intimacy
- Managing disagreements in a respectful and constructive way
- Building empathy and mutual respect
- Strengthening positive interactions to sustain long-term relationship health

Overall, Gottman Method offers couples practical tools and insights to promote healthier, more resilient relationships, empowering them to build lasting emotional connection and mutual understanding.

Trauma-Informed Therapy

Trauma-informed therapy is designed to assist individuals who have experienced trauma in understanding how it impacts their emotions, thoughts, and behaviours. This approach prioritises creating a safe and supportive environment where healing can begin without judgment or overwhelm. Trauma may arise from various experiences, including accidents, abuse, or significant life events. Psychologists can support individuals by:

- Providing techniques to manage anxiety, flashbacks, and other distressing symptoms
- Assisting in reframing and processing traumatic memories to lessen their emotional impact
- Encouraging gradual, controlled exposure to trauma triggers in a safe setting

By addressing both emotional and physical responses to trauma, this therapy aims to build resilience, enhance daily functioning, and reduce the severity of trauma-related symptoms. Overall, trauma-informed therapy empowers individuals to regain control over their lives, promoting healing and long-term recovery through understanding and resilience.

Homework

Homework refers to activities or exercises assigned by your psychologist to support the work done during therapy sessions. These tasks are designed to help you practice new skills, apply strategies in real-life situations, and reinforce insights gained during sessions. Homework may include journaling, thought records, behavioural experiments, relaxation exercises, or social skills practice. Completing these tasks can enhance progress, deepen self-awareness, and promote lasting change. Your psychologist may review and discuss homework in the next session to provide feedback and adjust strategies as needed.

Neuropsychological Assessments

ārogWellnes offers psychological assessments:

Cognitive Assessment

Intelligence (IQ) Testing

Purpose: Measures overall intellectual functioning.

Common Tools:

- Wechsler Adult Intelligence Scale (WAIS**) – for adults
- Wechsler Intelligence Scale for Children (WISC**) – for children
- Stanford-Binet Intelligence Scales**
- Wechsler Pre-school and Primary Scale of Intelligence (WPPSI**) – for young children

Memory

Purpose: Assesses short-term, long-term, verbal, and visual memory.

Common Tools:

- Wechsler Memory Scale (WMS**)
- Children's Memory Scale (CMS**)
- Rey Auditory Verbal Learning Test (RAVLT**)

Attention and Concentration

Purpose: Measures sustained and selective attention, distractibility.

Common Tools:

- Continuous Performance Test (CPT**)
- Trail Making Test (TMT**)
- Digit Span (from WAIS or WISC)

Executive Functioning

Purpose: Assesses planning, organisation, problem-solving, mental flexibility, and inhibition.

Common Tools:

- Wisconsin Card Sorting Test (WCST**)
- Delis-Kaplan Executive Function System (D-KEFS**)
- Tower of London**

Language Skills

Purpose: Evaluates expressive and receptive language, naming, fluency, and comprehension.

Common Tools:

- Boston Naming Test**
- Clinical Evaluation of Language Fundamentals (CELF-5**)

Visual-Spatial and Motor Skills

Purpose: Assesses spatial reasoning, visual memory, and hand-eye coordination.

Common Tools:

- Beery VMI** (Visual-Motor Integration)
- Block Design (from WAIS/WISC)
- Rey-Osterrieth Complex Figure Test**

Academic Achievement (Optional in Some Cognitive Batteries)

Purpose: Often paired with cognitive testing to assess for learning disabilities.

Common Tools:

- WIAT-III** (Wechsler Individual Achievement Test)
- Woodcock-Johnson Tests of Achievement**

Autism (ASD) Diagnostic Assessment

Core Components of an ASD Diagnostic Assessment[^] (Australia): According to guidelines from the National Guideline for the Assessment and Diagnosis of Autism Spectrum Disorders in Australia (developed by Autism CRC), the following components may typically be included:

Developmental History & Clinical Interview

Conducted by: Psychologist, paediatrician, or psychiatrist

Purpose: Gather detailed background on developmental milestones, communication, social functioning, behaviours, and any concerns.

Common Tools:

- Autism Diagnostic Interview (ADI-R**)
- Structured parent/caregiver questionnaires

Direct Behavioural Observation

Conducted by: Trained clinician (often a psychologist or speech pathologist)

Purpose: Observe social communication and behaviours relevant to autism diagnosis.

Common Tools:

- Autism Diagnostic Observation Schedule (ADOS**)
 - Reliable assessment used in direct interaction with the child/adult
 - Modules vary based on age and language level

Cognitive Assessment

Purpose: Determine intellectual functioning, identify strengths and challenges.

Common Tools:

- WISC (children)
- WPPSI (pre-schoolers)
- WAIS (adults)

Adaptive Functioning

Purpose: Assess how the person manages daily life skills (social, conceptual, practical).

Common Tools:

- Vineland Adaptive Behaviour Scales (Vineland**)
- Adaptive Behaviour Assessment System (ABAS**)

Speech and Language Assessment (if applicable)

Conducted by: Speech pathologist

Purpose: Evaluate expressive and receptive communication, pragmatics, and language delays.

ADHD Diagnostic Assessment

Following are the core components of an attention deficit/hyperactivity disorder (ADHD) assessment in Australia:

Clinical Interview & Developmental History

Purpose: Understand the individual's attention, impulsivity, hyperactivity, behaviour patterns, and how they impact daily life.

Conducted by: Psychiatrist, paediatrician, or clinical psychologist.

Common Tools:

- Early childhood behaviours
- Family history of ADHD or mental health conditions
- School/work performance
- Medical and developmental history

Standardised Behaviour Rating Scales

Completed by: Parents, teachers, and sometimes the individual (if old enough)

Purpose: Measure ADHD-related symptoms across settings.

Common Tools:

- Conners**
- Vanderbilt ADHD Diagnostic Rating Scales**
- ADHD Rating Scale
- Child Behaviour Checklist (CBCL**)

Cognitive and Neuropsychological Testing

Recommended to assess attention, working memory, executive functioning, and rule out learning or intellectual difficulties.

Common Tools:

- WISC/WAIS – for IQ and cognitive profile
- Test of Variables of Attention (TOVA) or CPT** – continuous performance tests (measure sustained attention and impulsivity)
- NEPSY** – for younger children (attention, inhibition, executive function)

Academic Achievement Tests

Used to rule out learning difficulties that might mimic ADHD symptoms.

Common Tools:

- WIAT**, Woodcock-Johnson, etc.

Medical and Physical Evaluation

Conducted by: Paediatrician, GP, or psychiatrist

Purpose: Rule out other medical conditions (e.g., sleep issues, thyroid problems, hearing or vision impairments).

Personality Assessment

Purpose: Explore personality traits, assist in clinical formulation or diagnosis.

Common Tools:

- Minnesota Multiphasic Personality Inventory (MMPI^{**})
- Personality Assessment Inventory (PAI^{**})
- Millon Clinical Multiaxial Inventory (MCMI^{**})

Behavioural & Emotional Assessment

Purpose: Identify emotional disorders, behavioural concerns.

Common Tools:

- Child Behaviour Checklist (CBCL^{**})
- Behaviour Assessment System for Children (BASC^{**})
- Depression, Anxiety, Stress Scale-21 (DASS-21^{**})
- Strengths and Difficulties Questionnaire (SDQ^{**})
- Beck Inventories^{**} (Depression, Anxiety, Hopelessness)

Educational & Academic Assessment

Purpose: To identify learning disorders (e.g., dyslexia) and assess cognitive strengths. These assessments can also determine giftedness in children, supporting children to get enrolled in gifted programs in schools or entry into selective schools.

Common Tools:

- Wechsler Individual Achievement Test (WIAT^{**})
- Woodcock-Johnson Tests of Achievement
- CTOPP^{**} (phonological processing)
- Wide Range Achievement Test (WRAT^{**}) - basic reading, mathematics, spelling

Note: The type of assessment required for each diagnosis may vary based on age, presentation, complexity of the diagnoses, current research trends or specific clinical needs. In some cases, and as part of the mandatory process, a referral to another specialist—such as a psychiatrist, paediatrician, or speech pathologist—may be recommended to complete parts of the main assessment. Clients are responsible for the cost of any additional specialist services (e.g., speech pathologist). Costs and durations of tests vary depending on the type and number of tests administered. Some assessments may require multiple sessions. As a general guide, fees start from \$2,100. Currently, there is a high demand for assessments, hence longer wait times may apply.

^{**} = Current version or edition of a test may vary at the time of administration as efforts will be made to use the most up-to-date tests and batteries.

[^] = Correct at the time of publishing.

Psychological Support for NDIS

ārogWellness may offer following psychological services to NDIS participants:

- Adjustment and Coping: Assisting in adapting to disability and navigating NDIS processes.
- Capacity Building Supports: Equipping with skills for greater independence.
- Cognitive Functioning: Enhancing memory, attention, and problem-solving abilities.
- Family Dynamics: Strengthening communication and relationships.
- Goal Planning: Guiding in setting and working toward meaningful personal goals.
- Self-Advocacy Skills: Empowering to communicate needs and preferences.
- Self-Esteem and Confidence: Promoting resilience and a positive self-image.
- Social Skills Development: Supporting the building and maintenance of relationships and helping with community connections.

Speech Pathology

Communication and swallowing are vital to human well-being. Challenges in these areas—common in individuals with developmental disabilities, brain injuries, neurological conditions, or hearing loss—can lead to frustration, behavioural concerns, social isolation, and health risks, like choking or malnutrition. Our speech pathologists support people of all ages with difficulties in speaking, listening, reading, writing, social interaction, voice, fluency, and swallowing. They offer evidence-based interventions that may include education, communication aids, targeted exercises, and strategies to support everyday functioning. For NDIS participants, speech pathology may help improve learning, social engagement, independence, and overall quality of life.

Occupational Therapy

Our occupational therapists support individuals of all ages, including NDIS participants to overcome challenges and lead fulfilling, independent lives. Occupational therapy (OT) services help manage limitations by focusing on assessing each person's strengths and barriers to deliver practical solutions to promote confidence and self-sufficiency. OT helps improve mobility through home modifications, developing daily living skills, or introducing tools to support cognitive functioning (like managing routines or finances). Paediatric OT helps children develop motor skills, routines, and independence in everyday tasks. For children with disabilities, OT therapists deliver strengths-based interventions that strengthen growth, participation, and engagement at home, in school, and in the community.

REFERRAL

Clients can submit referrals using the Referral Form ([Annexure G - Referral Form](#)) on our website. If you are seeking a Medicare rebate, please also upload a Mental Health Care Plan from your GP. For NDIS clients, a signed NDIS Service Agreement ([Annexure F - NDIS Service Agreement](#)) must be uploaded prior to service commencement. Clients can complete the Service Agreement online on our website. Once we receive your referral, we may contact you to ensure all necessary information is collected before forwarding it to the next available practitioner. Please note that there may be a delay in finding a suitable practitioner qualified to provide the services you require. An initial consultation will then be scheduled for all clients to determine whether the chosen practitioner is the right fit. During this session, the practitioner will explain the relevant paperwork and privacy documents, discuss your goals, and identify potential challenges in achieving your health and well-being objectives. We are currently experiencing high demand for our services, which may result in a longer wait for a response. Thank you for your patience.

Documents for Psychological Session Referral

For psychology sessions, please upload any relevant documentation you may have, such as a recent diagnosis (example: autism diagnosis documents) from psychiatrist, paediatrician, or other specialist service such as a hospital. This may include cognitive assessments, such as an intelligence report (example: Wechsler Intelligence Scale for Children), and your signed Informed Consent form. Clients can complete this form online on our website ([Annexure A - Informed Consent for Psychological Services](#)).

QUESTIONS AND ANSWERS

Booking and General Questions

How can an appointment be booked?

Appointments can be booked by filling in Referral Form ([Annexure G - Referral Form](#)).

What is the cancellation policy?

We require at least 48-hours' notice for cancellations. Late cancellations or no-shows will incur a fee. If needed, your session can be converted to telehealth to help you attend.

Do you offer appointments outside of business hours?

After-hours appointments are available on a limited basis.

Psychology Sessions

What is the first session like?

The initial session focuses on understanding your concerns and setting a clear foundation for therapy. During this session, your psychologist will explore your current difficulties, personal history, and goals for therapy, and invite you to share your story in a supportive and confidential environment.


Your psychologist will also explain confidentiality, your rights and responsibilities as a client, and the limits of confidentiality, and will go through the Informed Consent form ([Annexure A - Informed Consent for Psychological Services](#)). Practical details such as session duration, frequency, and what to expect from therapy will be discussed, along with how therapy may continue, be adjusted, or be terminated if needed. Psychometric tests may be completed during the initial session if time allows, or it can be administered in subsequent sessions as needed.

The session aims to ensure you leave feeling informed, supported, and optimistic, with a shared understanding of how you and your psychologist will work together. Future sessions focus on building coping strategies, improving well-being, and exploring helpful ways of thinking and behaving to support meaningful and lasting change.

What therapy approaches do you use?

Psychological work draws from evidence-based modalities, including:

- Cognitive Behaviour Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Psychodynamic Therapy



Our psychologists tailor sessions to suit clients' needs, offering a safe, respectful, and collaborative environment.

How would I know if the psychologist is the right fit for my needs?

In your Matching Session (1st session), our psychologist will:

- Talk with you about your reasons for starting psychotherapy
- Clarify your goals and what you hope to gain
- Outline how the therapy process works
- Answer any questions or concerns you may have
- Share useful resources

Our psychologists take into account your individual needs, and therapy preferences to connect you with the most appropriate psychologist, helping to build a strong and effective therapeutic relationship. Therapy is a collaborative process, and both the client and the psychologist have the right to end sessions if it becomes clear that continuing is no longer beneficial. Clients are encouraged to openly share any concerns they may have throughout the process and are always free to discontinue therapy at any time, without pressure or obligation.

Similarly, a psychologist may decide to terminate therapy if it appears that ongoing sessions are not serving the client's well-being, or if the presenting issues fall outside their scope of expertise. In such cases, the psychologist will discuss their concerns with the client and may suggest alternative support options or a referral to another professional.

Ultimately, the decision to continue or end therapy is based on what will best support the client's goals, needs, and overall progress.

What happens if I am not making progress in therapy?


Sometimes, progress in therapy can be slower than expected. If this happens, your psychologist may:

- Review your treatment plan and goals to see what might be getting in the way.
- Adjust therapy strategies or approaches to better suit your needs.
- Discuss whether additional support, referral to another specialist, or a different type of intervention could help.
- Work with you to decide the best next steps to support your well-being.

In some cases, both you and your psychologist may decide that continuing therapy is not the most helpful option, and alternative support will be explored.

How many sessions will I need?

The number of sessions depends on individual needs, goals, and the complexity of diagnoses. A general treatment plan will be discussed during your first session and reviewed regularly.



Telehealth and Confidentiality

Is online therapy confidential?

Online sessions are conducted confidentially and privately in a closed room.

What technology do I need for online sessions?

A smartphone, or a Tablet/iPad, or computer with a camera and microphone is all you need.

I don't have access to video call facilities. Can I have a telephone session instead?

The psychologist may conduct your session over the phone if that is more convenient for you. Many clients prefer this method.

Fees, Cancellation, Rebates & Payments

How is payment made?

Payment is made before the day of the session.

Do you accept private health insurance?

We accept private health insurance (PHI). If eligible, we provide a receipt to you to claim a PHI rebate from your insurer.

Please note: You can only claim a rebate from either Medicare or your PHI; not both.

Can I cancel a Monday appointment?

If you need to cancel or reschedule a Monday appointment, please note that our "48-business hours" notice policy applies (Saturdays and Sundays are not counted as business hours), and late cancellation fees will be incurred. To help avoid the cancellation fee, we are happy to convert your appointment to a telehealth session first thing Monday morning if that helps you attend.

Medicare & Referrals

Do I need a referral?

A referral is required if you wish to claim a Medicare rebate under a Mental Health Care Plan (MHCP). For privately funded sessions, no referral is needed. Privately funded sessions mean clients are responsible for paying the "full psychological session fee" out of their own pocket.

Is there a Medicare rebate for psychological sessions?

With a valid MHCP from your GP, psychiatrist, or paediatrician, clients can avail a certain number of Medicare-subsidised sessions per calendar year. A review is required after few sessions. If asked, your psychologist may explain more in session.

What are the current Medicare rebate rates?

You may get a Medicare rebate if you hold a valid Medicare card, depending on the type of consultation. For the most up-to-date information, please refer to the Services Australia website, as Medicare rebate amounts are subject to change in accordance with Australian Government policy. Please note, that psychologists may charge you more than the Medicare rebate. That means you will pay the difference from your own pocket.

Example: psychologist fee: \$170* > Medicare rebate: \$96.65*> Client pays from his/her own pocket: \$73.35*.

NDIS, WorkCover, TAC, and DVA Funding

I'm on NDIS – do I have to pay out of pocket?

If you are approved for psychological or allied health services under NDIS, and you are self-managed or plan-managed, no upfront payment is required provided you have enough funding to cover the session cost.

I'm on WorkCover or Traffic Accident Commission (TAC) – do I have to pay out of pocket?

If your claim is approved by WorkCover or TAC, there may be no or limited out-of-pocket expenses. If your insurer does not cover the full session fee, you will pay all (or the difference) from your own pocket. A referral from your doctor is typically required. Please confirm with your Insurer or Case Manager and provide your claim details.

I am an Australian veteran. How many psychology sessions I can avail?

Under current Department of Veterans' Affairs (DVA) arrangements, a GP referral typically entitles you to a certain number of psychology sessions per treatment cycle. No out-of-pocket costs apply for DVA-funded psychology sessions.

Occupational Therapy (OT)

Can I get OT through Medicare?

Through a Chronic Disease Management (CDM) plan from your general practitioner (doctor) you may access a certain number of Medicare-rebated OT sessions per year.

Do I need to pay if I'm aged over 65?

You may be eligible for Medicare-rebated OT services through My Aged Care, depending on your package. These may include home support, pain relief therapies, and mobility assistance.

Is OT covered by WorkCover or TAC?

As long as your claim is active and OT is considered necessary by your doctor. A referral is usually needed.

I'm an eligible veteran with DVA – do I have to pay for OT?

If you hold a valid DVA Veteran Card and the OT service is approved as part of your care, no out-of-pocket payment is required.

Speech Pathology Services

How are speech pathology fees structured?

- For NDIS clients (self or plan-managed): We charge as per the Price List ([Annexure B - Price List](#), and [Annexure C - Price List \(Intern\)](#)).
- For privately funded clients: We offer a reduced rate. Consult [Annexure B - Price List](#), and [Annexure C - Price List \(Intern\)](#)

What services are included?

- Assessments
- Recommendations and therapy
- Early childhood supports
- Training and caregiver guidance

Interpreter Services

Preferably, NAATI accredited interpreters should be used for all clinical consultations. While family or friends may assist in booking appointments, they cannot serve as interpreters during the session. Please inform us at the time of booking if you require an interpreter, and we will arrange one accordingly.

Other Fees

Additional charges may apply for:

- Professional emails or phone calls regarding care coordination
- Report writing, therapy plans, and recommendations
- AAC (Augmentative and Alternative Communication) programming
- Assistive technology applications
- Travel fees for home or community visits
- Hiring a NAATI approved interpreter

* = Check the relevant agency/provider/PHI, such as Medicare, for up-to-date information.





Annexures



INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES



Annexure A

Purpose of Services

You are engaging in psychological services provided by a registered psychologist. Services may include psychological assessment, therapy, counselling, or consultation. The purpose of these services is to support emotional, cognitive, behavioural, interpersonal, or other concerns and to promote psychological wellbeing and personal development.

Confidentiality

All information disclosed during psychological sessions is confidential and will not be shared without your consent, except where disclosure is required by law or professional obligations, including: risk of serious harm to yourself or others; reasonable suspicion of abuse or neglect of a child or vulnerable person; legal requirements such as a court subpoena; or other circumstances required by law. Where appropriate and feasible, these matters will be discussed with you prior to disclosure.

Record Keeping

Client records are maintained securely and confidentially in accordance with the Australian Psychological Society (APS) Code of Ethics and relevant privacy legislation.

Session Duration

Self-funded, NDIS, DVA, TAC, WorkCover, or other private sessions:	45 minutes
Medicare-rebated sessions:	50 minutes

This structure supports clinical documentation and administrative work, which is essential for ethical practice, clinical quality, and continuity of care, while ensuring compliance with funding requirements.

Initial Session and Review

Initial session assists both you (clients) and the psychologist to determine whether the service is a good fit. A starting block of certain number of sessions is generally recommended. Therapy may be continued, modified, or terminated by mutual agreement based on progress, goals, and client preference.

Sensitive Questions

During therapy, psychologists may ask questions about personal experiences, relationships, or other topics that some people find sensitive or difficult to discuss. These questions help your psychologist understand your situation and provide the most helpful support. You are always in control of what you choose to share. You are free to answer fully, partially, or not at all, and choosing not to answer will not affect the care you receive. If a question makes you uncomfortable or upset, you can let your psychologist know, pause, or change the topic at any time. The psychologist will respond in a respectful and supportive way, validating your feelings and ensuring your safety. Sensitive topics may be revisited later if you wish, once trust and comfort in the therapeutic relationship are established. This approach is based on research and ethical guidelines emphasizing client autonomy, trust, and collaboration in therapy.

Therapy Process and Interaction Style

As part of your consent to receive psychological services, it is important that you understand how therapy may be conducted and how we will work together.

Therapy is a collaborative process whereby psychologists support you to explore your experiences, thoughts and feelings in a safe and respectful way. Different psychologists use a range of conversational and questioning styles, and your preferences will help guide how sessions unfold. This may include:

- **Gentler or exploratory approaches**, such as open-ended questions, reflective listening, and letting you guide the conversation at a comfortable pace.
- **More structured or direct approaches**, including specific questions to clarify issues, goal-setting, feedback, and strategies to address presenting concerns.

Open-Ended Exploration

Purpose: Help clients explore experiences in their own words.

Example questions/statements:

- “Can you tell me a little about what’s been happening for you?”
- “What feels most important to talk about today?”
- “Take your time — there’s no rush.”

Reflective Listening

Purpose: Show understanding and validate the client’s experience.

Example statements:

- “It sounds like that was really upsetting for you.”
- “You’re feeling torn between what you want and what others expect.”
- “That makes sense given what you’ve been through.”

Indirect or Gentle Questioning

Purpose: Explore sensitive topics without pressure.

Example statements:

- “I’m wondering how that experience might still be affecting you.”
- “Some people notice changes after events like that — have you noticed anything similar?”
- “We can approach this slowly if that feels safer.”

Client-Controlled Pacing

Purpose: Support autonomy and reduce overwhelm.

Example statements:

- “Would you like to keep talking about this, or shift focus for now?”
- “We can pause or stop at any time.”
- “Let me know if this feels like too much.”

More Direct / Structured Approaches

(Clear, goal-focused, practical)

These approaches offer clarity, structure, and guidance, while remaining respectful and collaborative.

Direct Questioning

Purpose: Clarify symptoms, patterns, or timelines.

Example questions:

- “When did this start?”
- “How often does this happen in a typical week?”
- “What usually triggers this response?”

Goal-Focused Work

Purpose: Support change and progress.

Example questions/statements:

- “What would you like to be different as a result of therapy?”
- “What’s one small step you’d like to work on before our next session?”
- “Let’s check how this week compared to last week.”

Gentle Challenge (Respectful Confrontation)

Purpose: Help clients notice patterns or inconsistencies.

Example statements:

- “You say this doesn’t affect you, yet your body seems tense when you talk about it.”
- “Part of you wants change, and another part feels scared — does that fit?”
- “Can we look at whether that belief is helping or hindering you?”

Structured Sessions

Purpose: Provide predictability and focus.

Example structure:

- Brief check-in
- Review of previous session or strategies
- Focused discussion or skill-building
- Summary and next steps

Example statement:

- “Today I suggest we focus on coping strategies — does that sound okay?”

Blended / Flexible Approach (Most Common)

Most psychologists move between gentle and direct approaches, depending on:

- The client's needs
- Emotional state
- Stage of therapy

Permission-Based Directness

Purpose: Respect autonomy while offering guidance.

Example statements:

- "Would it be okay if I ask a more direct question?"
- "Can I share an observation and see how it lands for you?"
- "Would you like practical strategies, or space to explore this more today?"

The approach taken in any session will be chosen with your comfort and progress in mind, and psychologists encourage you to share any preferences about how you are asked questions or how sessions are conducted. You are free to express if you would prefer that questioning be more supportive, more structured, or a mix of styles.

You may participate, decline to participate, or withdraw from any method or discussion at any time. You can also ask questions or request adjustments throughout the therapeutic process. This information is provided in plain language to support your understanding and to help you make an informed decision about participating in psychological services.

Privacy in Common Areas

To protect confidentiality, psychologists will not discuss private or sensitive matters while escorting clients to or from therapy rooms. Clients are requested to conclude all private conversations within the therapy room and refrain from discussing personal matters in hallways or reception areas. This expectation forms part of the conditions of service and supports privacy for all clients.

Cancellation Policy

Appointments must be cancelled or rescheduled in accordance with the Practice's cancellation policy as outlined on the Practice website.

Appointment Policy

Please tick the appropriate option(s):

Appointment Type:

Self-funded / NDIS / DVA / WorkCover / Medicare-rebated

Duration:

50 minutes for Medicare, 45 minutes for other streams

Frequency:

Weekly / Fortnightly / Monthly / Other: _____

Any changes to the frequency of appointments or funding arrangements require your consent before implementation. Until such consent is provided, the above-selected appointment type, duration, and frequency will remain in effect.

Psychology Report Writing

Report writing (for example, NDIS progress report) time and cost vary. Check the Policy and Procedures for up-to-date information.

Assessments

Psychological assessments, report preparation time, and cost vary. Check the Policy and Procedures for up-to-date information.

Risks and Benefits

Psychological therapy may at times involve emotional discomfort or temporary increases in distress, particularly when exploring difficult thoughts, feelings, or experiences. This heightened distress may generally be temporary, and may be a normal part of the therapeutic process. Potential benefits include improved mood, enhanced coping skills, better self-understanding, and strengthened relationships. You are encouraged to ask questions at any stage and may decline participation in any procedure. In line with the APS Code of Ethics, you have been informed about the nature and purpose of treatment, as well as reasonably foreseeable risks, limitations, and possible disadvantages of psychotherapy.

Long-Term Conditions

Some conditions are lifelong (e.g., autism, intellectual disability, etc.). Therapeutic outcomes vary and depend on multiple biological, psychological, and social factors. Therapy focuses on enhancing functional improvement, coping, and quality of life.

Homework and Skill Consolidation

Therapeutic progress depends on practicing skills learnt in sessions. Adult clients are often given homework to reinforce strategies and support the achievement of desired outcomes. For children and adolescents, caregiver involvement is strongly encouraged. Parents of children work collaboratively with the psychologist to implement agreed-upon strategies and models learned from therapy while the child is at home. Non-implementation may delay the development of desired skills and outcomes. A review is conducted after certain number of sessions to evaluate whether parents and the psychologist are aligned and working effectively towards the child's goals.

Realistic Goal Setting

Therapy goals are developed collaboratively and may be adjusted to reflect realistic, functional outcomes based on the client's abilities and circumstances.

Permission for Clinical Notes

Psychologists record and maintain electronic and/or handwritten clinical notes related to assessment, treatment, and progress. These records are stored confidentially in accordance with privacy standards.

Whiteboard and Visual Aids

Whiteboards or visual aids may be used during sessions to explain therapeutic concepts. These demonstrations take place only in private, closed rooms to ensure confidentiality and comfort.

Permission to Contact Other Providers

Relevant information may be shared with other professionals involved in care (e.g., GP, school, NDIS providers) where appropriate and in the best interests of the client.

Assessments and Interventions

Standardised assessments or screening tools may be used as part of therapy.

Audio or Video Recording

Some sessions may be audio or video recorded for learning or professional development purposes. Recordings are accessed only by the psychologist and approved supervisor, and deleted once learning requirements are met.

Feedback

Clients and caregivers are encouraged to provide feedback. A brief session feedback form may be provided after certain number of sessions to support quality improvement and learning.

Termination of Services

You may discontinue services at any time. The psychologist may also discontinue services under specific circumstances, including achievement of goals, non-attendance, safety concerns, lack of progress, or professional / legal requirements. Referrals to other psychologists may be offered where appropriate.

Client Consent

I, the undersigned, confirm that I have read and understood this information, have had the opportunity to ask questions, and provide informed consent to psychological services.

I understand that therapy may involve different interaction and questioning styles (gentle/exploratory and/or more direct/structured), and I can discuss my preferences at any time.

Client Name: _____

Parent/Carer Name (only for minors): _____

Signature: _____

Date: _____

PRICE LIST



Annexure B

This price list shows fee (AUD) and services delivered by fully registered practitioners.

SERVICES	INITIAL LONG SESSION FEE FOR MEDICARE CLIENTS	FOLLOW-UP SESSION FEE FOR MEDICARE CLIENTS	INITIAL SESSION NDIS, TAC, WORK COVER, PRIVATE CLIENTS FEE	FOLLOW-UP SESSION FEE
PSYCHOLOGY	Total fee: \$118.95*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$118.95*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$232.99**. Out-of-pocket expense: NIL. Session duration: 90 minutes.	Total fee: \$232.99**. Out-of-pocket expense: NIL. Session duration: 45 minutes~.
OCCUPATIONAL THERAPY (OT)	Total fee: \$81.80*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$81.80*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$193.99**. Out-of-pocket expense: NIL. Session duration: 90 minutes.	Total fee: \$193.99**. Out-of-pocket expense: NIL. Session duration: 45 minutes~.
SPEECH PATHOLOGY	Total fee: \$81.80*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$81.80*. Out-of-pocket expense: \$20 with Medicare rebate*. Session duration: 50 minutes#.	Total fee: \$193.99**. Out-of-pocket expense: NIL. Session duration: 90 minutes.	Total fee: \$193.99**. Out-of-pocket expense: NIL. Session duration: 45 minutes~.

*= Must have a valid referral, such as MHCP from the doctor. Check with Medicare for up-to-date rebate and your specific eligibility.

**= Must have a relevant referral or NDIS plan, or approval from PHI/TAC, etc.

#= Medicare clients are charged for a 60-minute session. Time spent with the client is 50 minutes. Ten minutes are allocated for clinical documentation and administrative tasks.

~= NDIS clients are charged for a 60-minute session. Time spent with the client is 45 minutes. Fifteen minutes are allocated for clinical documentation and administrative tasks.

Price list is valid until DEC 2026.

PRICE LIST (Intern)



Annexure C

This price list shows fee (AUD) and services delivered by practitioners registered as provisional, intern, or graduate.

SERVICES	MEDICARE, TAC, WORKCOVER, PRIVATE INITIAL LONG SESSION FEE	FOLLOW-UP SESSION FEE	NDIS INITIAL FEE	NDIS FOLLOW-UP FEE
PSYCHOLOGY	Total fee: \$85. Out-of-pocket expense: \$85. No rebate. * Duration: 50 Minutes#.	Total fee: \$85. Out-of-pocket expense: \$85. No rebate. * Duration: 50 Minutes#.	Total fee: \$232.99. Out-of-pocket expense: NIL. Duration: 90 Minutes.	Total fee: \$232.99. Out-of-pocket expense: NIL. Duration: 45 Minutes~.
OCCUPATIONAL THERAPY (OT)	Total fee: \$60. Out-of-pocket expense: \$60. No rebate. * Duration: 50 Minutes#.	Total fee: \$60. Out-of-pocket expense: \$60. No rebate. * Duration: 50 Minutes#.	Total fee: \$193.99. Out-of-pocket expense: NIL. Duration: 90 Minutes.	Total fee: \$193.99. Out-of-pocket expense: NIL. Duration: 45 Minutes~.
SPEECH PATHOLOGY	Total fee: \$60. Out-of-pocket expense: \$60. No rebate. * Duration: 50 Minutes#.	Total fee: \$60. Out-of-pocket expense: \$60. No rebate. * Duration: 50 Minutes#.	Total fee: \$193.99. Out-of-pocket expense: NIL. Duration: 90 Minutes.	Total fee: \$193.99. Out-of-pocket expense: NIL. Duration: 45 Minutes~.

* =Suitable for clients who do not hold a valid Medicare card, such as international students or individuals on a temporary visa. Check your Agency/Provider/Insurer for up-to-date information.

#= Medicare clients are charged for a 60-minute session. Time spent with the client is 50 minutes. Ten minutes are allocated for clinical documentation and administrative tasks.

~= NDIS clients are charged for a 60-minute session. Time spent with the client is 45 minutes. Fifteen minutes are allocated for clinical documentation and administrative tasks.

Price list is valid until DEC 2026.

PSYCHOLOGICAL REPORT FEES



Annexure D

The following outlines the indicative fees (AUD) for psychological reports.

REPORT TYPE	INDICATIVE FEE RANGE
NDIS Reports (Simple/Standard)	~\$900-\$1,600+
Immigration Reports	~\$700-\$800+
University/School Reports	~\$400-\$500+
Standard Court Reports	~\$1,500-\$1,800+
Complex Forensic/Legal Reports	~\$2,000-\$3,000+
Expert Witness/Specialist Reports	By agreement
Assessment/Report Writing	~\$280-\$330+ per hour

Note. Psychological report fees are based on the scope, purpose, and complexity of the work, including the report type, assessment and preparation time, use of standardised tools, and the level of detail required by the requesting authority (e.g., NDIS, courts, or educational institutions). Fees also reflect the psychologist's qualifications and experience, applicable funding rules or pricing limits, and may be higher for urgent or expedited reports.

Price list is valid until DEC 2026.

REPORT PREPARATION TIMEFRAMES



Annexure E

The following are the indicative report preparation timeframes (in weeks):

REPORT TYPE	STANDARD TIMEFRAME	URGENT TIMEFRAME	URGENCY FEE
NDIS Reports (Simple/Standard)	10-12	≤ 3-4	+20% to +30%
Immigration Reports	3-4	≤ 1-2	+20% to +30%
University/School Reports	2-3	≤ 1-2	+15% to +25%
Standard Court Reports	14	≤ 6-7	+30% to +40%
Expert Witness/Specialist Reports	15+	By negotiation	+40% to +60%
Brief Reports or Letters	4	≤ 1-2	+20% to +30%

Note. Timeframes commence once all required information has been received, including consent, assessment data, collateral documentation, and payment or funding confirmation (e.g., NDIS plan approval where applicable).

Example: When an NDIS report is required urgently, and if standard NDIS report fee is \$1,200 plus an urgency fee of 25% (\$300). The total cost is \$1,500 after applying the urgency fee, report delivery time frame is 3 weeks.

Price list is valid until DEC 2026.

NDIS SERVICE AGREEMENT



Annexure F

SERVICE AGREEMENT National Disability Insurance Scheme (NDIS)

Between:

Participant (client) Name: _____

NDIS Number: _____

Address: _____

And

Provider Name: ārogWellnes

ABN: _____

Address: _____

Date of Agreement: _____

Purpose of this Agreement

This Service Agreement outlines:

- Supports and services to be provided under the participant's NDIS plan.
- Responsibilities of both the participant and the Provider.
- How the services will be delivered and funded.

It is designed to ensure clarity, transparency, and a collaborative approach in achieving the participant's goals.

Supports and Services Provided

I (Client/Participant) understand:

- What supports are being provided.
- How the supports will be provided.
- When, where, and for how long the supports will be provided.

- Whether the supports are regular/ongoing or one-off.

Support	Frequency	Duration	Location
Psychology Session	___ weekly	45 minutes	Telehealth/in clinic

Costs and Payment

I (Client/Participant) understand:

- The price of the supports, including any costs for materials, products, or provider travel.
- Whether GST applies.
- How the Provider will be paid.

Funding Source

- NDIS Plan Managed Self-Managed NDIA Managed

Rates:

- | | |
|--|---|
| • Standard Session Rate: | \$___ per 45 minutes |
| • Cancellations with more than 48 hours' notice: | No fee |
| • Cancellations with less than 48 hours' notice: | \$100 cancellation fee |
| • No-shows without notice: | Full session fee applies |
| • NDIS report preparation fee: | As outlines in Annexure D |
| • NDIS report preparation timeframes times: | As outlines in Annexure E |

Payment Terms

- Invoices issued weekly/fortnightly.
- Payment due within 7 days of invoice.
- Late payments may incur additional charges.

Responsibilities

Participant Responsibilities

- Attend scheduled sessions or provide notice of cancellations.
- Communicate changes in contact details or support needs.
- Pay any agreed out-of-pocket costs.
- Give consent for sharing relevant information with other support providers, if required.
- Read and understood the Informed Consent and terms and conditions as outlines in the Policy and Procedures.

Provider Responsibilities

- Deliver supports in a professional, safe, and ethical manner.
- Provide qualified and registered staff.
- Maintain confidentiality of participant information.
- Keep records of services provided.

- Communicate about service changes, cancellations, or other relevant information.

Scheduling, Cancellations, and Changes

- Services are scheduled by mutual agreement.
- Changes to service type, frequency, or duration must be agreed in writing.
- Cancellations require at least 48 hours' notice to avoid fees.
- Both parties must notify each other if they cannot meet responsibilities.

Service Agreement Duration and Review

- This agreement commences on the date signed and is valid until: _____
- The agreement may be reviewed: _____
- Changes to the agreement will be documented in writing and agreed upon by both parties.
- Either party may end the agreement by providing 30 days' written notice.

Dispute Resolution

I (Client/Participant) have been explained:

- How to raise concerns if I am unhappy with a service or situation.
- How to resolve disputes with my provider.

Communication and Feedback

- The participant may provide feedback at any time.
- The Provider will endeavour to communicate in a way that the participant understands, using plain language and preferred communication modes.

Privacy and Confidentiality

- All participant information will be kept confidential in line with NDIS and legal requirements.
- Information may only be shared with consent or if required by law.

Acknowledgment and Signatures

By signing, both parties agree to the terms outlined in this Service Agreement.

Client name: _____

Client/Guardian (if client is minor) signature: _____ Date: _____

Provider Representative: _____

Position: _____ Date: _____

REFERRAL FORM



Annexure G

SECTION 1: CLIENT DETAILS

Client Full Name: _____

Preferred Name: _____

Date of Birth: _____

Gender: Male Female Non-binary Prefer not to say

Address: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact: Phone Email SMS

Is the client "the person" completing this referral?

Yes (Self-referral)

No (Please complete Referrer Details below)

SECTION 2: REFERRER DETAILS

(Complete if referred by a professional, organisation, or family member)

Referrer Name: _____

Organisation / Practice Name: _____

Professional Role: _____

Phone Number: _____

Email Address: _____

Relationship to Client: _____

SECTION 3: SERVICE REQUESTED

Primary Service Required:
(Please tick one only)

- Psychology
- Occupational Therapy (OT)
- Speech Pathology

Primary reason of this referral is the one you have ticked above.

Secondary Services Required:

- Psychology
- Occupational Therapy (OT)
- Speech Pathology

Your Preferred Language While Getting Therapy:

- English
- Other Name of language you prefer (such as Hindi, Arabic): _____

Preferred Mode of Service:

- In-person
- Telehealth
- Either

SECTION 4: REASON FOR REFERRAL

Primary reason for referral (brief description):

PSYCHOLOGY – PRESENTING CONCERNS (tick all that apply):

- Anxiety or stress
- Depression or low mood
- Trauma or adjustment difficulties
- Emotional regulation difficulties
- Behavioural concerns
- Learning or attention difficulties
- Relationship or family difficulties
- Grief or loss
- Sleep difficulties
- Other psychology-related concerns (please specify): _____
- Psychological assessment, such as Autism, ADHD (please specify): _____
- Need a psychological letter/report for immigration, court, or other purposes (please specify): _____

THERAPY PROCESS AND INTERACTION STYLE

Therapy is a collaborative process in which psychologists support you to explore your experiences, thoughts, and feelings in a safe and respectful way. Psychologists use a range of conversational and questioning styles, and your preferences will help guide how sessions unfold. Choose which approach you prefer:

- Gentler or exploratory approaches (Example: open-ended questions, reflective listening, indirect questioning of sensitive topics, and working at a pace that feels manageable to you).
- More structured or direct approaches (Example: specific questions to clarify concerns, goal-setting, feedback, and practical strategies to support change).

OCCUPATIONAL THERAPY – PRESENTING CONCERNS (tick all that apply):

- Daily living skills
- Fine motor skills
- Gross motor skills
- Sensory processing difficulties
- Executive functioning
- Emotional regulation
- School or workplace participation
- Functional capacity assessment
- Assistive technology needs
- Home or environmental modifications
- Other OT-related concerns (please specify): _____

SPEECH PATHOLOGY – PRESENTING CONCERNS (tick all that apply):

- Speech sound difficulties
- Language delay or disorder
- Social communication difficulties
- Literacy-related difficulties
- Fluency (e.g., stuttering)
- Voice difficulties
- Swallowing or feeding concerns
- Augmentative or alternative communication (AAC)
- Other speech pathology-related concerns (please specify): _____

SECTION 5: RELEVANT BACKGROUND INFORMATION

Medical conditions or diagnoses:

Current medications (if applicable):

Risk considerations (if applicable):

- Self-harm risk
- Suicidal ideation
- Aggression
- Safeguarding / child protection concerns
- None known

If risk is present, please provide brief details: _____

SECTION 6: FUNDING INFORMATION

How will services be funded? (Tick one)

- Private (self-funded)
- Medicare (Mental Health Treatment Plan – Psychology)
- NDIS
- Private Health Insurance
- Other (please specify): _____

If NDIS-funded:

NDIS Number: _____

Plan start date: _____

Plan end date: _____

Funding type:

NDIA-managed funding Plan-managed funding Self-managed funding

SECTION 7: CLIENT CONSENT & PRIVACY

- I confirm that the information I have provided is accurate to the best of my knowledge. I consent to the collection, use, and storage of this information for the purpose of providing services.
- I understand that this information will be handled in accordance with privacy and confidentiality obligations.
- I confirm that I have read the Policy and Procedures (available on the website).
- I confirm that I have read the pricing information and I am aware of the fee that will be charged.

SECTION 8: CLIENT SIGNATURE

Client Name: _____

Guardian Name (if client is minor): _____

Signature: _____

Date: ____ / ____ / ____

SECTION 9: DOCUMENT UPLOADS

Please upload any relevant documents, such as:

- Referral letter
- Reports or assessments
- Mental Health Treatment Plan
- NDIS Plan
- Previous therapy reports

Thank you for submitting the referral.

Our team will review the information and contact you to discuss next steps.