



## TAILORED THERAPY GROUP RULES

- Be respectful of other people in the group
- Please be mindful of the start times of each session you are attending
- Please ensure that your mobile is on silent/vibrate during the group
- Please remember that the group is about discussion that benefits everyone – rather than an opportunity to focus on just one person’s difficulties
- Please maintain confidentiality about any personal information you learn about other group members during the course of the group
- If you are uncomfortable at any time you may leave, the co-facilitator will check in with you at the time.

## PATIENT CONSENT FORM

I (print name) \_\_\_\_\_

or \_\_\_\_\_.(guardian/responsible person)

as a patient of Dr \_\_\_\_\_

I consent / do not consent (please circle) to participate in the Toowong Private Hospital – Tailored Therapy Program.

I agree that whilst on the Program:

- I will observe the advice of my Psychiatrist
- I will observe the Tailored Therapy Program’s Group Rules
- I will observe the Hospital policies published in Patients Rights and Responsibilities to which I will be taken to have agreed unless I promptly notify the Director of Clinical Services otherwise
- I will pay the Hospital for its services
- I have indicated my consent to use information on the Consent to Use Information Form
- I understand that I am required to participate in the program for the minimum hours required by my health fund.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Patient Name**

Office Use Only:	
Date referral received:	
Health Insurance Fund Check: YES <input type="checkbox"/>	Consent: YES <input type="checkbox"/> NO <input type="checkbox"/>
Financial to start on TT: YES <input type="checkbox"/> NO <input type="checkbox"/>	TT Case manager assigned: YES <input type="checkbox"/> NO <input type="checkbox"/>
Any Excess stipulations: YES <input type="checkbox"/> NO <input type="checkbox"/>	Psychiatrist notified of outcome: YES <input type="checkbox"/> NO <input type="checkbox"/>

Office Use Section Completed By:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_