



The
**Iceberg
Foundation**
Mental Health and Psychosocial Support

Intake/Referral Form

If you would like to complete this referral process via phone, please call 03 8374 7777.

Please fill out **Section A (Referral Details)** **Section B (Consent, Confidentiality, and Cancellations)**. Only complete **Section C** if services are to be funded partially or fully by a organisation other than yourself.

Once complete, email this form and any supporting documentation including a copy of a healthcare card if relevant, to admin@theicebergfoundation.org.

Please note that all information shared is subject to The Iceberg Foundation's privacy and confidentiality policies.

If you have you like to discuss a referral prior to sending it through or have any questions about this process, please contact us on 03 8374 7777 or email us at admin@theicebergfoundation.org.

Section A: general information

To be filled out for all referrals.

Date:

Full Name:

Preferred Name:

Pronouns:

Birthdate:

Phone Number:

Email Address:

Preferred contact method (Tick all that apply):

Email

Phone

SMS


Address:

Street Address

Suburb

State

Postcode



We acknowledge the traditional custodians of the unceded lands and waters on which we learn, work and live. We pay our deepest respects to elders past and present, and their histories lived experiences and the continuity of their people.

Emergency Contact Name:

Contact Email:

Relationship of emergency contact:

Contact Number:

Tell us a little bit more about how you'd like to work with us

Preferred clinician:

Do you prefer in-person or online sessions?

What accessibility requirements should we consider?

What cultural considerations can we accommodate?

Section B: Consent, Confidentiality and Cancellations

Purpose of Collecting Personal Information

As part of providing high-quality and tailored support services at The Iceberg Foundation, we collect and record your personal information regarding you and your situation. The information gathered will be used to provide you with the best support services for you and your goals including referring you on to other services and sectors as needed. Your details will not be used for any other purposes. If we are to share your information, we will discuss this with you as early as possible.

If there are changes to your personal information, we will amend the information we hold to accurately reflect your information and situation.

I have read and understand the purpose of collecting my personal information

Disclosure of Your Personal Information

All personal information gathered by The Iceberg Foundation during the session will remain confidential and secure except where:

1. Failure to disclose the information would in the reasonable belief of your clinician, place you or another person/s at serious and imminent risk to life, health or safety; or
2. Your prior approval has been obtained to discuss your treatment with, or provide written information to, another person, professional or organisation; or
3. Your information is discussed as part of clinical supervision; or
4. There is an obligation to disclose the information under the Commission for Children and Young People Act (2000); or
5. It is subpoenaed (officially requested) by a court; or
6. Disclosure is otherwise required or authorised by law

All personal information is maintained in a secure online system, which is solely accessed by relevant staff in accordance with our privacy and confidentiality policy

By providing an emergency contact to us, we may contact them to discuss if we have any safety concerns, such as if you fail to attend an appointment without notice or a risk is identified during a session.

For clients aged under 18 years, by providing an emergency contact to us, we are authorised to discuss administrative matters with them, including booking, rescheduling, and cancelling appointments. For clients aged 16 and over, you can opt out of this at any time. For clients aged over 18 who would like their emergency contact to be involved in administrative matters, verbal or written consent will need to be given for this.

You may be seeking to have your treatment sessions covered by a third party including, but not limited to, WorkSafe Victoria, the Traffic Accident Commission or the National Disability Insurance Scheme. In these instances, we will contact the listed organisations to confirm your eligibility for coverage, including any limitations that may apply. Any request from these organisations for treatment reports and updates will be discussed with you before detailed information is provided.

I understand the information gathered will remain confidential and the exceptions to confidentiality by law

Communications

The Iceberg Foundation uses Short Message Service (SMS) technology to send reminders for your appointments and, in some instances, your clinician or our administrative team members may also contact you via SMS for short communications. We will use reasonable means to protect the security and confidentiality of electronic communications sent and received, however, SMS messages are unencrypted and, although unlikely, we cannot guarantee the privacy and confidentiality of these communications. Any SMS sent and received forms part of your client record and is subject to the terms, as listed above. You can opt out of receiving SMS communications by advising your clinician or our administrative support staff. We also use electronic mail (email) to communicate with you, those involved in your care and treatment, and those responsible for the administration of your files. This includes delivery of your session invoice via email. Although it is unlikely, there is a possibility that information can be intercepted and read by other parties besides the person to whom it is addressed. This applies to any information you send to us as well. Any email sent and received forms part of your client record and is subject to the terms, as listed above.

Please do not use SMS, email, voicemail for emergencies as we cannot guarantee your message has been received.

I understand the above information and consent to electronic communications

Cancellation Policy

If, for some reason, you need to cancel or postpone an appointment, please contact your clinician prior to the appointment to notify them and reschedule the appointment if required.

The Iceberg Foundation has a 48-hour cancellation policy:

- If you cancel your appointment any time before 48 hours before your session start time, you will be charged 50% of the full fee for this session.
- If you cancel your appointment between 48 and 24 hours before your session start time, you will be charged the full fee for this session.
- If you do not show up to your appointment you will be charged the full fee for this session. Your clinician will wait for 15 minutes after the session start time. If you do not show up within the first 15 minutes, you will be charged via the credit card you have provided on file for failing to attend the session.

We understand that emergencies happen and special considerations to the cancellation policy will be reviewed on a case-by-case basis. Please contact your clinician in such circumstances.

I understand the cancellation policy and the penalties

Costs and Duration

Service fees at The Iceberg Foundation vary depending on the type of service provided, and the duration of the service. You will be informed of the fee you will be charged for the service/s you will be receiving through The Iceberg Foundation, in the email that you will receive prior to your first appointment. All standard mental health and therapy sessions are charged for 60 minutes which covers a 50 minute therapeutic session and 10 minutes of clinician admin time. You will be required to pay the applicable full 'cost' at the end of your session via EFTPOS, credit card or direct debit to the card you have on file with us, unless other payment arrangements have been made. We currently do not offer Medicare bulk billing.

You may be seeking to have your treatment sessions covered by a third party including, but not limited to, WorkSafe Victoria, the Traffic Accident Commission (TAC) or National Disability Insurance Scheme (NDIS). Our session rates for these organisations may differ from our standard rates. Please let your clinician or admin at admin@TheIcebergFoundation.com.au know, if you would like invoices to be sent directly to a third party fund.

Please note that if your services are funded through a third party, and they don't cover fees in the case of a late cancellation or non-attended session, you will be responsible for paying the fees as outlined in the cancellation policy. WorkSafe Victoria, Medicare and TAC do not cover late cancellation or non-attended appointments. You can provide notice by calling 03 8374 7777 or emailing admin@TheIcebergFoundation.com.au.

You may not be able to book or attend further appointments until any outstanding fees are paid if you are in arrears of two weeks or more. If you have unpaid invoices, all future booked appointments will be cancelled, and services will cease until outstanding invoices are paid.

I understand the costs and duration of services and agree to the terms

Funding and Private Health Insurance Disclaimer

Not every service or clinician is covered by every private health insurance or third-party funders. Similarly, some or all of the care you receive might or might not be covered by private health insurance or third-party funders. Even if your private health insurance or third-party funder covers some or all of your care, you may still have some financial obligations such as out-of-pockets fees. We advise that you ask your private health insurance and/or third-party funders prior to commencing services if the services and the clinician/s you are working with are covered or if you will need to pay out-of-pocket fees.

I understand the information about funding and private health insurance, and that I may incur out of pocket fees

Section C: Third Party Funder Details

Please only complete if you are seeking your services to be partially or fully funded by an organisation.

Type of funding:

If you selected other or private health insurance, please provide name of scheme below:

- If you selected **NDIS**, please jump to Section **NDIS Details** in purple.
- If selected **Medicare**, please jump to Section **Medicare Details** in green.
- for all others please fill out sections below and jump to **Declaration**:

Details of organisation that will paying (email address, phone number, contact [if applicable]):

Reference No:

NDIS Details

Reference No:

Plan Start Date:

Plan End Date:

Funding Management

If Plan Managed, please provide details below:

Name:

Email address for Invoices:

Who is the best contact for scheduling sessions:

Which fund category or categories will you use for these services?

What are your core/capacity building goals?

How frequently and for what duration would you like to receive these sessions? (eg. 1 hour, per fortnight)

Medicare Details

Please send through your mental health treatment plan to admin@theicebergfoundation.org either on or before your first session. We cannot process plans that are dated after the session you wish to claim it on.

Medicare card number:

Expiry Date:

Reference no:

If you are the parent/guardian of a child under 14 years old, please provide your details as well, as you will need to claim on behalf of the minor.

Medicare card number:

Birthdate (required to validate):

Reference no:


Expiry Date:

Declaration

If you have any questions regarding this document, please speak with us or your chosen practitioner prior to signing.

By signing your name below, you or the caregiver/parent/guardian, have read and understood the above consent form and agree to these conditions.

Date:



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