






# onPsych Parent & Carer Information Pack


Helping children and teens thrive – together

 **Phone:** 1300 659 350

 **Fax:** 1300 651 580

 **Email:** [contact@onpsych.com.au](mailto:contact@onpsych.com.au)

 **Website:** [www.onpsych.com.au](http://www.onpsych.com.au)

 **Facebook:** [facebook.com/onpsychaustralia](https://facebook.com/onpsychaustralia)

 **NDIS Registered Provider**

## Part A: Welcome Letter

Dear Parent or Carer,

We understand that growing up can be a challenging time for children and teens—and it can be just as hard for the people who care about them. That's where we come in.

onPsych provides mental health support to students and families—right at school—with **no out-of-pocket costs** when referred by a GP (bulk billed through Medicare). This generally includes up to 10 individual and 10 group sessions.

### How to Get Started (with a Mental Health Care Plan):

1. Fill out the “Information for your GP” form (in this pack).
2. Book a **double appointment** with your GP.
3. Meet with the GP, discuss your child’s emotional or behavioural concerns.
4. Ask for a **referral under the Better Access to Mental Health Initiative (Item 2715/2700)**.
5. Ask your GP to fax or email the referral to us—or bring it to school and ask them to send it.

Once we receive the referral, we’ll contact you to arrange a session.

If you have any questions, give us a call or visit our website. We’re here to support your family every step of the way.

Warm regards,

**The onPsych Team**

## Part B: What onPsych Offers

### Why see onPsych?

Our qualified clinical psychologists, psychologists and mental health social workers help children and teens with everyday challenges and more complex concerns, such as:


- Making friends
- Anxiety, fears, and phobias
- Depression or low mood
- Attention and focus (e.g. ADHD)
- Grief and loss
- Behaviour challenges
- Exam or school stress
- Social skills and confidence
- Emotional regulation
- Autism support


We also provide practical support and group sessions in:


- Communication
- Stress and anger management
- Relaxation and mindfulness
- Problem solving
- Negotiation and motivation
- Parenting support


### Common Questions


 **How much does it cost?** Nothing! We bulk bill Medicare with a GP referral.


 **How soon can my child be seen?** Usually within 1–3 weeks after we receive the referral.


 **Is it private and confidential?** Yes. All sessions are confidential. We follow professional and legal guidelines to keep your child's information safe. We only share information if there's a serious safety risk.

 **Can I join the sessions?** Absolutely—just chat with your therapist about what's best. In many cases, parent involvement is welcomed.

 **What changes should we expect?** Some changes can happen quickly, while others take time. We'll work with you to set clear goals and check in on progress regularly.

 **How can I help at home?** We'll give you tips and tools to support your child between sessions. Ask your therapist for guidance!

 **Will we get reports?** Yes. For Medicare plans, we'll send you and your GP a progress report after 6 and 10 sessions. (NDIS plans may differ.)

 **Do we go back to the GP?** Yes—after 6 sessions, you'll need to return to your GP to get a referral for more sessions.

## **PART C: CONFIDENTIALITY AND PRIVACY STATEMENT**

1. During the course of counselling, sensitive personal information may be collected by the psychologist or mental health Social Worker. Personal information is information, which directly or indirectly identifies a person. The student and their families have the legal right to have that information protected.
2. All clinical files are confidential documents and are the property of onPsych.
3. onPsych recognises that students over the age of 15 have the right to access their personal information. Parents or legal guardians of children under the age of 15 have the right to access the child's personal information about the child's file.
4. Given we are bound by the Code of Ethics and scope of practice from APHRA and APS and AASW, onPsych staff are unable to provide any third party with personal information of the student without explicit written approval.
5. Under exceptional circumstances, information may be disclosed to a third party to avert risk. Legal compliance requires that if the staff member is concerned about the safety of a student, or others, then confidentiality may be broken. Only minimum information will be disclosed to overt risk and attempts will be made to discuss this first with the student. In exceptional circumstances, files may be subpoenaed by the court. Under no other circumstances will student confidentiality be broken.

## PART D: INFO PARENTS TO TAKE TO THE GP

When making the doctor's appointment, inform the receptionist that the appointment is for a mental health care plan (referral to a Psychologist/mental health social worker) under Medicare item 2715.

**The GP should refer to onPsych unless you know the specific name of the onPsych professional at the school.**

Student Name:	_____	DOB:	_____	Age:	_____
School:	_____	Year Level and Class:	_____		
Address: _____					
Medicare Number:	_____	Expiry:	_____		
Parent/Guardian:	_____	Contact Number:	_____		
Email:	_____				
Parent/Guardian:	_____	Contact Number:	_____		
Email:	_____				

### Presenting Problems at school/home


- 1.
- 2.
- 3.
- 4.


Outcomes we would hope to see from a psychological intervention

- 1.
- 2.
- 3.

Additional Comments:

Ask your GP to fax or email the referral to us—or bring it to school and ask them to send it.

 **Fax:** 1300 651 580

 **Email:** [contact@onpsych.com.au](mailto:contact@onpsych.com.au)

## PART E: RELEASE OF INFORMATION

We work collaboratively with teachers, student wellbeing coordinators and other professionals, and require your permission to do so.

In referring my/our son/daughter \_\_\_\_\_ to onPsych for services, I/we acknowledge that:

1. Treatment intervention to be undertaken by onPsych staff may include:

- a) Administration of formal tests considered relevant to diagnosis;
  - b) Observations of the student's behaviour and performance in informal settings (such as classrooms or playgrounds):
2. Visit my/our child's regular school (with the agreement of the school principal) for the purpose of consulting with educational personnel and other relevant professionals, regarding the student, with possible outcomes of ongoing consultative support, treatment, or assessment.
  3. Create written records of my/our child and use these in preparing their consultations and recommendations with parents, educational personnel, and other professionals. All records will remain the property of onPsych as medico-legal documents.
  4. Contact persons who are or have been directly concerned with the care or education of the student (such as teachers, therapists and doctors) to seek information about the student's background, abilities and performance that may be relevant to the service being provided. Written reports or accounts may be requested.
  5. Use the results of any relevant information available to assist in consulting with the educational personnel and other professionals involved with the child, with the intent of supporting and improving educational outcomes. I/we hereby exempt onPsych, its officers and employees, from any liability for injury or loss that may result from findings, opinions or recommendations expressed by onPsych staff in relation to the student, and from any liability for any physical injury that may occur to the student whilst under the supervision of onPsych staff, on the condition that those staff act conscientiously in accordance with the practises and duty of care normal to their professions.

**Please provide contact details below if you would like onPsych staff to contact these professionals regarding your child.**

School Principal/Assistant Principal	Yes	No	
Student Wellbeing Coordinator	Yes	No	
Classroom Teacher	Yes	No	
Other Professional(s)	Yes	No	whom _____

### **Agreement of Conditions of Services and Parents'/Guardians' Consent Form**

Do you consent for your child to be involved in individual sessions with the onPsych psychologist/mental health social worker visiting your school? Yes No

Do you consent for your child, to be involved in group work activities with other referred children when offered by the psychologist/mental health social worker? Yes No

Name (Parent 1): \_\_\_\_\_ Signature: \_\_\_\_\_

Name (Parent 2): \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS ORIGINAL.  
PLEASE KEEP A COPY FOR YOUR RECORDS.**