

Paul J. Stevenson OAM Access Psychology

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Consultant Psychologist

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Offices:

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Contract

I/we _____ (authorised person/s) on behalf of _____ (company name if applicable), hereby request the services of Access Psychology (time: _____ date: _____).

I/we agree to pay all costs pursuant to the Australian Psychological Society's (APS) recommended fee schedule, and to forward all payments in accordance with invoice due dates. Service rates are as follows (current January 2010).

- Clinical and Psycho-legal assessments and treatments - \$250.00 per hour.
- Trauma debriefing and disaster management - \$250.00 per hour
- Clinical and psycho-legal reports - \$250.00 per hour.
- Court attendance - \$375.00 per hour.
- Supervision and mentoring - \$110.00 per hour.
- Education and seminar presentation – \$250 per hour.
- All travel for the above is at half rates.
- All out of pocket expenses.

I/we understand, that while this service may be underwritten by certain sponsors (eg. Insurance Companies, WorkCover, Medical Funds, etc.), the full payment for services is to be directed to Access Psychology in the first instance. I/we understand that it is my/our responsibility to arrange any remuneration from the sponsor.

Name/s: _____

Signature/s: _____

Date: __/__/__

Please fax this form immediately to (07) 3232 1200 to confirm your booking.

Please [click here](#) for appointment schedule