

Privacy Statement: The department is collecting your personal information for the purpose of entering into a service provider agreement with you to provide redress counselling and psychological care services. Your personal information will be handled in accordance with the *Information Privacy Act 2009 (Qld)*.

### I confirm that I accessed redress counselling today

Redress Recipient Signature: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Redress Recipient Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### I confirm that I delivered redress counselling today

Name of service provider: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

[ ]  Virtual session (phone, skype, etc.) - client unable to sign.

[ ]  Late cancellation or ‘no attendance’ appointment - Did the recipient receive

 reminder/s about their scheduled appointment/s? [ ]  Yes[ ] No

**Details below must be completed by the counselling and psychological care provider and this form must be submitted with the invoice for payment to**:

**Redress Counselling Team** at redresscounselling@dcssds.qld.gov.au

|  |  |
| --- | --- |
| Counselling provider name and ABN |  |
| Redress RV Number |  |
| Invoice number |  |
| Number of hours or minutes invoiced |  |
| Cost per hour showing if GST seperately |  |