



Dr. Nicole Pray, PhD,
Registered Clinical Psychologist
Level 5, Pencarrow House
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027 513 4443

Nicole Pray Consulting Limited

Office Agreement

Dr. Pray holds a Ph.D. in Clinical Psychology. She is a New Zealand Registered Clinical Psychologist.

Client Rights

1. You are entitled to request information from Dr. Pray about the method of therapy, the techniques used, the duration of therapy, and the fee structure.
2. You may seek a second opinion from another mental health professional at any time. You may terminate therapy at any time.
3. Generally speaking, communications between a client and a psychologist are confidential and cannot be disclosed by Dr. Pray without your written permission. Exceptions are made if the client is perceived to be dangerous to self or others, or if there is reason to suspect abuse of a child or of a disabled or elderly person. Confidentiality does not apply in a criminal or delinquency proceeding. These situations have rarely occurred in my practice. If a similar situation occurs, I will make every effort to fully discuss it with you before taking any action.

Fees

6. Fees are \$210 including GST per 50-minute session and \$315 including GST per 80-minutes, and this applies to therapy sessions, telephone consultation and assessments. If you have an EAP or third party payment plan (with your PHO) that Dr. Pray has a contract with and has agreed to accept payment from, then that third party will be invoiced for your session.
7. Payment in full is expected when services are rendered. You may pay with EFTPOS, cash, check, or direct credit.
- 8. Please note that the full fee is charged for missed appointments that are not cancelled at least 24 hours in advance.**

Communication

12. Reception may be contacted during business hours, at 4 473 4722, or at colburn5@xtra.co.nz.
13. Dr Pray does not provide emergency or crisis services. If you are facing an emergency, please contact the Crisis and Assessment Team (CAT) at 0800 745 477.

I have read and understand the above information about Dr. Pray's office policies, fee schedule, and my rights as a client. I understand I may request further information or clarification at any time.

Client Signature

Date

Psychologist Signature

Date

Client Signature

Date

Guardian Signature / (Relationship)

Date