

## **Client Feedback Policy and Form**

### **Are we meeting your needs?**

Access Psychology is committed to providing a high standard of care and meeting the needs of clients. We would appreciate you taking some time to let us know what you think we do well and where we can make improvements.

### **We want to hear from you.**

If you have a concern, the chances are that you are not alone. Your feedback could make us aware of problems that we don't know about, all that you are personally upset about. We understand that, just as we would accept that people can make mistakes or behave poorly and that we would expect them to take responsibility for their behaviour, if we make mistakes or behave poorly then you would expect us to take responsibility for our behaviour. So, we want to hear from you – even if it is something we did. That way we can apologise and make it right.

### **Let's talk.**

Please discuss with us any concerns or questions you have about the service we provided to you. Alternatively, use the feedback section on pages 3 and 4 of this document.

### **What to expect.**

If you have a complaint, we will respond to it promptly and sensitively. Feedback information is treated as confidential and managed according to our privacy obligations. You can play an important role in resolving the problem by providing as much relevant information as possible. We will investigate complaints thoroughly to know what happened and why, and to find ways to prevent it from happening again. We will keep you informed at all times, so you know what is happening.

**Mr Edward J Zahra**

B.Com., Dip.App.Psych.,  
Dip.Clin.Hyp., M.App.Psych.

**CLINICAL PSYCHOLOGIST  
& HYPNOTHERAPIST**

**TELEPHONE  
0420 553 009**

**FACSIMILE (via Internet)**  
(08) 8180 0427  
(Must include Area Code)

**E-MAIL**  
ed@accesspsychology.com.au

**LOCATION**  
43 Reordan Drive  
GREENWITH  
South Australia 5125

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## **What we will do.**

We will work with you to assess the most appropriate way to resolve the problem to reach the best outcome. We ask you to consider the outcome you would like, and we will strive to provide it. We will provide you with all the facts about what happened as a result of your feedback in any strategies we have devised to improve our service.

## **Improving our service.**

At Access Psychology we have an ongoing commitment to improving our level of service. A copy of our *Complaints Policy* is available on our website ([www.accesspsychology.com.au](http://www.accesspsychology.com.au)) in the *Feedback* section.

## **Taking it further.**

The Health and Community Services Complaints Commissioner (telephone: 822608666 provides independent mediation and conciliation for complaints about health care services. If the matter is serious, they will refer it to the relevant licensing authorities.

## **Ways to give feedback.**

Call us on 0420 553 009.

Or, scan a completed copy of this form and send it by email to us at [admin@accesspsychology.com.au](mailto:admin@accesspsychology.com.au)

Or, mail the completed feedback section (pages 3 and 4) to:

Access Psychology  
43 Reordan Drive  
GREENWITH SA 5125

## **Our return feedback to you will include:**

1. Notes from our investigation of the problem, which may include our summary of communication(s) with you (which you may amend if inaccurate, and return to us) and/or extracts from information about our practice that was available to (or provided by) the Client (as permitted by privacy guidelines).
2. Our understanding of the outcome of your feedback.

## Client Feedback Form

**Are you ...**

- A Client
- A friend or family member of a Client
- Other

.....

**Complaint issue type:**

- Attitude or rudeness
- Billing or charges
- Facilities
- Quality or value of therapy
- Other

.....

**Compliment issue type:**

- Kindness or helpfulness
- High level of care and treatment
- Facilities
- Quality or value of therapy
- Other

.....

**If you would like us to follow up your comments,**  
please provide your name and contact details.

Name: .....

Address: .....

..... Postcode: .....

Day time telephone number: .....

Another telephone number: .....

Email address: .....

**Special needs:**

- I require an interpreter. My language is .....
- I am hearing impaired.
- Other

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