CONSENT FORM

As part of providing health care services to you, I will need to collect and record personal information from you that is relevant to your current situation. This information is a necessary part of the clinical assessment and treatment. You do not have to give all your personal information, but if you choose not to, the service may not be effective and may not be provided.

PURPOSE OF COLLECTING AND HOLDING INFORMATION

Information is gathered as part of the assessment, diagnosis and treatment of the patient’s condition, and is seen only by the treating consultant and any other clinicians directly involved in your care including my supervisor. The information is retained in order to document what happens during sessions, and enables us to provide relevant, informed and evidence-based services.

ACCESS TO CLIENT INFORMATION

You are entitled to access the information in your file through Freedom of Information, unless the relevant legislation indicates otherwise. In some cases, certain information may need to be excluded from access. You can discuss appropriate forms of access with your therapist directly.

CONFIDENTIALITY

All personal information gathered by your therapist during the provision of the services and treatment will remain confidential and secure except where:

1. It is subpoenaed by a court, or

2. Failure to disclose the information would place you or someone else at serious and imminent risk, or

3. Your prior approval has been obtained to

1. Provide a written report to another professional agency (e.g., GP or lawyer)
2. Discuss the material with another person, e.g., a parent or employer; or
3. Disclosure is otherwise required or authorised by law.

TERMINATION OF THERAPY

It is recommended that termination be worked towards and occur over several sessions to ensure satisfactory completion. Client may begin this process at any time without reason. Therapist may begin process when it becomes reasonably clear that the client/patient no longer needs the service or is unlikely to benefit from continued therapy.

TELEHEALTH

Please note that, despite being set up to offer a high level of security, communication over the internet cannot be guaranteed to be completely secure. The chosen platform, Zoom, does not store any content from the sessions themselves, however, the fact that a session took place (including IP addresses, session names, email addresses) are stored by Zoom.

CONTACT BETWEEN SESSIONS

Contact between sessions will be limited to communication around appointment changes and is not a continuation of what is discussed in therapy itself. In the event of crisis clients are to call crisis services, such as Lifeline 13 11 14 or Suicide line 1300 651 251 or call the appropriate 000 emergency service.

CANCELLATION POLICY

If, for some reason you need to cancel the appointment, please give 24 hours notice. Late cancellation fee of 50% will be charged for late cancellation.