

## Consent and Confidentiality Agreement

### Client Details

<b>Client first name</b>		<b>Client last name</b>	
<b>Client date of birth</b>			
<b>Person completing the form</b>		<b>Relationship to client</b>	
<b>Next of kin name</b>		<b>Phone number</b>	
<b>Secondary contact name</b>		<b>Phone number</b>	

Note: All information contained in this document is subject to our *Privacy Policy*.

### 1.0 Terms of Consent

- 1.1 In providing you services, we may be required to discuss your case with other health, medical or education professionals.
- 1.2 While your information is treated confidentially, there are circumstances where we may be required by law to share information. For example, if we are issued with a subpoena or other legal directive, we are legally obliged to provide the requested information.
- 1.3 Your information will remain confidential except in circumstances where:
- i) there is a serious risk of harm to yourself or others;
  - ii) we are legally required to provide information (e.g., in response to a subpoena or court order);
  - iii) we are required to make a mandatory report under NSW law.

### 2.0 Organisations, Individuals & Other

Please list organisations, schools and therapists that you consent to *Tell Me All About It* to contact regarding yourself/your child, and their contact information.


### 3.0 Electronic Communication and Marketing

3.1 *Tell Me All About It* may contact you by SMS or email for purposes such as appointment reminders, service updates, and sharing relevant resources.

### 4.0 Use of Recording Equipment

4.1 From time to time, therapists may be required to use recording or photography equipment, such as voice recordings or video, in the usual course of therapy. The use of recording or photographing will **only** occur where consent is provided, and for the following reasons:

- i) for the purposes of assessment or therapy, e.g., a voice recording to capture the client’s speech patterns and errors for later analysis;
- ii) to provide evidence of how a client is progressing to their caregivers or medical, health and/or education professionals and consent to share has been provided;
- iii) for the use of internal training and quality control.

4.2 Any images and recordings (video, video and audio, and audio-only) may not be used for any use other than those agreed to by the recipient and *Tell Me All About It* staff. Images and recordings may not be shared with anybody who was not an original recipient of the file. Sharing images or recordings from work undertaken by *Tell Me All About It* staff on social media is prohibited, without prior written consent by both parties.

### 5.0 Use of AI (Artificial Intelligence)

5.1 *Tell Me All About It* may use secure AI-based tools to assist with some administrative and clinical tasks. These may include (but are not limited to):

- i) writing or summarising clinical notes, reports and data analysis;
- ii) transcribing sessions or recordings;
- iii) organising or formatting clinical and/or administrative information;
- iv) supporting workflow and/or document generation.

5.2 These tools are used only to support clinicians and do not replace professional judgement.

5.3 All use complies with Australian privacy laws, including the Australian Privacy Act 1988 (Privacy Act).

### Sign-Off

- I consent to my therapist collecting information from and sharing information with the above-named individuals/organisations.
- I consent to the use of recording and photography equipment during sessions, for the purposes outlined above.
- I consent to receiving courtesy SMS and/or email reminders for appointments.
- I consent to receiving correspondence regarding *Tell Me All About It* and their services, including resources and marketing material.
- I understand and agree to the terms in this agreement.

Person completing form’s name		Relationship to client	
Signature		Today’s date	