

# Consent Form

## CLIENT CONSENT FORM - ADULT

As part of the therapeutic process it is important that the responsibilities and limitations by your therapist, the practice and yourself are clearly outlined and agreed on to assure a safe and positive experience for all involved.

Please read the following information thoroughly and indicate your agreement by signing your name and date at the last page on the consent form.

### PSYCHOLOGICAL SERVICE

As part of providing a therapy service to you, your treating therapist will need to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history, and other relevant information. This collection of personal information will be a necessary part of the therapeutic assessment and treatment that is conducted.

### COLLECTING & STORING INFORMATION

The information that is gathered as part of the assessment and treatment process is kept securely and in the interests of your privacy, used only by your therapist and authorised personnel. The information is retained in order to document what happens during sessions and enables your therapist to provide a relevant and informed psychological service to you.

Patient files are stored securely in a filing cabinet or in secure electronic format, accessible only by your therapist and authorised personnel.

## CONFIDENTIALITY

All personal information gathered by your therapist during the provision of the psychological service will remain confidential except when:

- There is a legal obligation to do so, such as a court subpoena;
- There is a serious risk of harm to yourself or someone else;
- You or a person with legal authority to act on your behalf has given consent to discuss certain details with another professional or agency;
- You would reasonably expect your personal information to be disclosed to another health professional or agency (e.g. your GP) to meet the purpose for which your personal information was collected;

## ACCESS TO CLIENT INFORMATION

At any stage you may request to see the information about you that is kept on file. Your therapist will discuss the contents with you before providing information, with all requests of information to be submitted in writing by the client or person with legal authority to act on the clients behalf.

## CANCELATION POLICY

For the courtesy of others, we request at least 48 hours notice for cancellation. Please refer to our billing policy for more details. This is because failure to give sufficient notice means that another client has potentially missed out on an appointment time.

By signing below I agree that I have read, understood and consent to the items contained in this document:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_