



### CONSENT FORM - PRIVATE CLIENT

Positively Living is committed to providing you with the highest levels of confidentiality and customer service. Any information that you provide to Positively Living is protected under The Privacy Act 1988 ([www.oaic.gov.au/privacy/privacy-act/the-privacy-act](http://www.oaic.gov.au/privacy/privacy-act/the-privacy-act)).

#### **Collection of Information**

As part of providing a therapeutic service to you, your therapist will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of the assessment and treatment that is conducted. A copy of this information will be archived by Positively Living.

#### **Access to Client Information**

At any stage, you as a client are entitled to have access to the information about you that is kept on file unless the relevant legislation indicates otherwise. If you are attending as a couple or family, all parties involved in the counselling sessions are required to give consent before confidential information can be released to you. The therapist may discuss the appropriate forms of access with you.

#### **Confidentiality**

All personal information gathered by the therapist during the provision of the service 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 another person at serious and imminent risk; or
3. Your prior approval has been obtained to:
  - I. provide a written report to another professional or agency.
  - II. discuss the material with another person, or if
  - III. disclosure is otherwise required or authorised by law.

#### **Cancellation Policy**

If for some reason you need to postpone or cancel your appointment, we request that you please give us at least one (1) business day notice, otherwise you will be charged 100% of the fee of the consultation.

I / We have read and understood the above information. I/ We agree to these conditions for services provided by Positively Living

Client1- Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client 2- Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are unsure about any information or have any questions, please discuss it with your therapist.

Therapist  
Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remember to switch off your mobile phone during your sessions.  
Thank you.