



deeper together.

Client Request for Access to Clinical Notes

(Acknowledgement, Informed Consent & Release Form)

Practice Name:

Practitioner Name:

Client Name:

DOB:

Date of Request:

1. Client Right of Access

I understand that under Australian privacy law, I have the right to request access to my clinical records held by Deeper Together.

2. Nature of Clinical Notes

I acknowledge that:

- Clinical notes are professional working documents.
- They are written for clinical, legal, and continuity-of-care purposes.
- They may contain professional impressions, hypotheses, diagnostic considerations, and shorthand.
- They are not written as therapeutic summaries and may contain language that feels clinical or confronting.
- Without professional context, parts of the notes may be misunderstood or distressing.

3. Offer of Review Session

I understand that I have been offered the opportunity to review the notes in a session with my practitioner prior to receiving a copy, to ensure appropriate context and support.

- I accept this offer.
- I decline this offer and request direct release of the notes.

4. Method of Release

The notes will be released via:

- Secure email
- Hard copy
- Secure client portal
- To a nominated third party (details below)

If to a third party:

Name:

Organisation:

Email/Address:

I understand that once released to me, I am responsible for the security and distribution of the information.

5. Acknowledgement of Risk

I acknowledge that:

- Accessing clinical notes may cause emotional discomfort.
- The practitioner is not liable for distress arising from misinterpretation outside of a therapeutic context.
- The practitioner remains professionally responsible for the accuracy and lawful creation of the records.
- The practitioner cannot control how the information is used once released.

6. Limitation of Liability (Post-Release Use)

I understand that once the clinical notes are released to me:

- I assume responsibility for any voluntary onward sharing of these documents.

- The practitioner is not responsible for consequences arising from my decision to share the notes with third parties.
- The practitioner is not liable for unauthorised access once the records leave their secure system.

7. Practitioner Discretion Under Law

I understand that under applicable privacy legislation, access may be limited or refused in specific circumstances, including:

- Serious threat to life, health or safety
- Unreasonable impact on the privacy of others
- Legal privilege

If access is refused in full or in part, written reasons will be provided.

8. Client Declaration

I confirm that:

- I am requesting access to my clinical notes voluntarily.
- I understand the nature of clinical documentation.
- I accept responsibility for the records once released.

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____