



Privacy and Confidentiality Agreement

1. Confidentiality and Record Keeping

In general, the information that you share with me will remain confidential. This means that I must protect your privacy and not share information about you with others. This applies whether the information is given to me verbally or in written form and extends to the fact that you have attended or are going to attend counselling with me. I have a legal obligation to protect this information, and I do so by ensuring that all paper records are kept in a secure filing cabinet to which nobody else has access; that all electronic records are kept in secure documents to which nobody else has access; and that I keep information with your identity (such as your intake form) separate from your session/contact notes.

I will keep your counselling records for at least seven (7) years, and in some cases I may be required by law to retain records for a longer period.

2. Limits of Confidentiality

It is important that you understand, however, that there are certain circumstances under which I will share information about you or about what you have told me. These situations are:

- Where you have explicitly given me permission to share information, such as informing your emergency contact of an emergency situation or when you have signed your permission for a referral.
- Where I consider you to be at risk of harming yourself or someone else.
- Where I consider a child to be at risk.
- In some cases where a significant crime may be or has been committed.
- Where your counselling records, or part thereof, have been requested by a court of law.

At times, I may also discuss aspects of our work together with my professional supervisor. This is an important part of meeting my professional responsibilities. I will not provide information that could identify you in the course of these discussions.

3. Confidentiality Agreement

Before we commence counselling, you must sign the confidentiality agreement (below) to indicate your understanding of the information above. If you have any questions or concerns about privacy or confidentiality, you are most welcome to raise them with me.

I/we_

(name/s), understand the limits of confidentiality as they are outlined herein and agree to the terms outlined (above).

Client Signature/s

SIGNATURE

Date DD / MM / YYYY

Parent/Guardian Signature/s

SIGNATURE

Date DD / MM / YYYY

Counsellor Signature

SIGNATURE

Date DD / MM / YYYY