PRIVACY POLICY

<mark>No need to print this form unless you require it.</mark>

- Only personal information that is relevant to developing and maintaining an appropriate treatment plan will be collected and stored.
- All reasonable security measures will be taken to secure client personal information.
- A client's personal information will never be shared with a third party without the express permission of the client, or unless the situation is an exception to confidentiality, as listed below.

EXCEPTIONS TO CONFIDENTIALITY

The following are specific exceptions where the right to confidentiality may need to be modified:

- when there is a threat to the client's safety (such as a medical emergency) or the safety of others
- when the client authorises disclosure
- when the client has requested a written report for another health professional or agency
- when the therapist is permitted or compelled by law to disclose client information (such as a subpoena)

DISCLOSURE AUTHORISATIONS

It may be necessary to discuss your condition and/or treatment with your medical doctor or other referring practitioner or relevant third party e.g. your carer or NDIS provider.
Do you agree to allow discussions or information to be passed to, or between, health professionals or relevant third parties for the purpose of improving your well-being?

☐ YES - Name/s of practitioner or other third party: _____

_____

_____

☐ NO - If NO, please give reasons: _____

AUTHORITY TO RELEASE INFORMATION

I, _____ (your name), of

_____ (your address), give my consent for Tracey Ross of Life Energy Remedial Massage to release the personal information as authorised above at disclosure authorisations. I understand that I can revoke this authority in writing at any time.

Signature: _____ Date: _____

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