

## **Consent Form**

### **Psychological service**

As part of providing a psychological service to you, Liz Angel Consultancy psychologists 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 as part of providing psychological services to you.

This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted.

### **Purpose of collecting and holding information**

Your personal information is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your psychologist and the authorised personnel of the practice (as necessary). Your personal information is retained in order to document what happens during sessions, and enables the psychologist to provide a relevant and informed psychological service to you. A more detailed description is provided in the practice's "Privacy policy for management of personal information", which can be obtained by contacting Liz Angel Consultancy. The Privacy Policy contains information about how to access and seek correction of your personal information, and how to lodge a complaint about our management of your personal information.

### **Consequence of not providing personal information**

If you do not wish for your personal information to be collected in a way anticipated by this letter, Liz Angel Consultancy psychologists may not be in a position to provide the psychological service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for Liz Angel Consultancy psychologists to deal with you or if Liz Angel Consultancy psychologists are required or authorised by law to deal with identified individuals. In most cases it will not be possible for you to be anonymous or to use a pseudonym.

### **Access to client information**

At any stage you are entitled to access your personal information kept on file, subject to exceptions in the relevant legislation. The psychologist may discuss with you different possible forms of access.

### **Disclosure of personal information**

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

1. it is subpoenaed by a court, or disclosure is otherwise required or authorised by law; or
2. failure to disclose the information would in the reasonable belief of the psychologist and/or Liz Angel Consultancy place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to
  - a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or
  - b) discuss the material with another person, e.g. a parent, employer, health provider or third party funder; or
  - c) disclose the information in another way; or
  - d) disclose to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected.

**Please note: It is a requirement by Medicare to report on your attendance and progress to your referring GP if you are referred under a Mental Health Care Plan.**

Your personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

In the event that unauthorised access, disclosure or loss of a client’s personal information occurs, Liz Angel Consultancy will activate its data breach plan and use all reasonable endeavours to minimise any risk of consequential serious harm.

**Fees**

See separate page

**Cancellation Policy**

See separate page

I, (print name in Block Capitals)....., have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Liz Angel Consultancy.

Signature ..... Date ...../...../.....

Please note: If, after reading this form you are at all unclear about any of the information provided, please contact the psychologist prior to your appointment.