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**Psychological Services – Client Consent Form**

**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. 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.

**Disclosure of personal information**

Information is collected about you as part of the assessment and treatment process, and it is important that you are able to trust that your privacy is protected. As such, all disclosures and information are considered confidential between you and your Psychologist. Session notes are secured in accordance with APS Ethical guidelines.

I understand that information shared in counselling sessions will remain confidential at all times except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would in the reasonable belief of the Psychologist, place you or another person at serious risk to life, health or safety; or
3. You have been referred by your employer/insurer or medical practitioner as they are likely to expect a general summary of information via a written report or email.
4. Your prior approval has been obtained to:
5. Provide a written report or liaise with another professional or agency (i.e. not your referring agency), e.g. a lawyer; or
6. Discuss the material with another person, e.g. a parent, medical practitioner or health provider; or
7. Disclose the information in another way; or
8. Disclosure is otherwise required or authorised by law.

If you have any questions, please feel free to contact me and seek clarification.

I, (print your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Incite Solutions Group.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_