

# Participant Psychology Consent Form

## Psychological Service

As part of providing a psychological service to you, the psychologist will need to collect and record [personal information from you that is relevant to your current situation. This information will be a necessary part of the psychological assessment and treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean the psychological service may not be able to be provided to you. The information is gathered as part of the assessment, diagnosis and treatment of your condition and is seen only by the psychologist.

## Access To Client Information

At any stage you as a client are entitled to access the information about you kept on file, unless the relevant legislation provides otherwise. The psychological service provided is bound by the legal requirements of National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

## Confidentiality

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

1. It is subpoenaed by a court or other organisation
2. Failure to disclose the information would place you or another person at serious and imminent risk, e.g. suicide, self-harm risks, victim of violence / abuse
3. Your prior approval has been obtained to
  - a) Provide a written report to another professional or agency, e.g. GP, Lawyer, Insurer, Employment agency, Probation and Parole; or
  - b) Discuss the material with another person e.g. Parent, Employer, Spouse, Probation and Parole Officer
4. If disclosure is otherwise required or authorised by law, e.g. in case of child abuse and neglect and criminal activity

**Please note** – if after reading this page you are at all unsure of what is written, please discuss it with the psychologist.

Child details					
Title (Mr/Miss/etc)		Given Name		Family Name	
Date of Birth		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Home Address		Suburb		Postcode	

Emergency Contact Details					
Full Name		Relationship to Participant			
Email Address		Contact Number			
Home Address		Suburb		Postcode	

I, \_\_\_\_\_ have read and understood the above consent form. I agree to these conditions for the psychological service provided to my child \_\_\_\_\_ by the psychologist.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_