



## CONSENT AGREEMENT

In accordance with Privacy Information legislation, all Health Service providers are required to give written advice to clients regarding records and information kept about them and how these can be accessed. This is common professional practice and part of our duty of care to you. Please read the form carefully, then sign and date if you agree to its terms.

## CLIENT INFORMATION

In your initial contact with the organisation, prior to your first counselling session, you will have provided information about yourself for our records, (i.e. name, address, contact detail and other relevant information). Only key staff have access to this information which is contained in our database and protected by a password. Please advise the office should your details change in order for your file to be kept up to date. You are not required by law to provide the personal information requested. However, the information you provide:

- Assists us to give you the highest possible standard of care and service,
- Helps us to identify your record at a later date should we need to do so at your request.

## CLIENT RECORDS

In addition to the information provided on your initial consultation, all communication between you and the counsellor may become part of a confidential clinical record. This is to enable the counsellor to make informed decisions regarding assessment, diagnosis, and the best possible treatment. Only your counsellor/psychologist has a password to access your clinical record.

Hard Copy records are kept for 7 years beyond the date of the last session, and in the case of minors, up until they are 25 years of age. Records are then destroyed. If at any time you wish to have access to your record, it can be made available to you. You will require an appointment with your counsellor, (or another counsellor if yours is no longer available), to do so. An appropriate contribution towards the costs will be charged.

If there are circumstances under which your information needs to be shared with another professional, only information relevant to your ongoing care will be discussed. You will also be asked to sign a specific form to enable this to occur and this form will be stored in your record. No information about you will be shared with another party unless you have first been consulted, with following exceptions:

- You give written permission for your counsellor to tell another person,
- Your counsellor determines that you are a danger to yourself or others,
- Your counsellor is ordered by a court to disclose information;
- Your activities are a breach of the law

## CONCERNS

If you have a concern about the management of your personal information, please inform your counsellor. If you have complaints or suggestions about our services, and are unable to speak with the counsellor, please contact the Executive Director of NewHope Medical Ltd. You are welcome also to obtain a copy of the National Privacy Principles, describing your rights and how your information should be handled. If you wish to lodge a complaint about the use of or access to your personal information, contact the Federal Privacy Commissioner's office on 1300 363 992 or GPO Box 5218, Sydney, NSW 1042.

By your signature on the Consent Form you are indicating that you have read and understood this document, and that any questions you have had about statements made, have been answered to your satisfaction.

I \_\_\_\_\_ have read and understood the information given above and agree to the Terms and Conditions for the service provided by NewHope Medical Ltd.

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

**Staff Signature:** \_\_\_\_\_