



Client Consent Form

Counselling Services

As part of the provision of psychological and counselling service to you, Discover Your Strengths Counselling needs to collect and record personal information from you. This information collected will include (but may not be limited to) your name, contact details, medical history, employment status and other relevant information as appropriate.

The collection of this information is a necessary part of the psychological assessment and treatment process. Your informed consent must be given prior to commencement of any assessment or treatment. You may withdraw from treatment at any time without penalty or prejudice.

Privacy and Confidentiality

Your personal information is gathered as part of the assessment and treatment process. All of this is kept securely and, in the interests of your privacy, used only by your counsellor.

Our counsellors are registered with the Psychotherapy and Counselling Federation of Australia and it is a requirement that all counsellors follow strict guidelines for professional conduct that is in line with the PACFA Code of Ethics.

Your personal information is retained in order to document what occurs during sessions and enables the counsellor to provide a relevant and informed counselling service to you. You are entitled to access your personal information kept on file at any time.

Limits to Confidentiality

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

1. It is subpoenaed by a court; or
2. Failure to disclose the information would, in the reasonable belief of Discover Your Strengths Counselling, 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. GP, school or a lawyer;
 - b) discuss the material with another person, e.g. a parent, employer or health provider, referral partner; or booking and reception management service.
 - c) disclose the information in another way; or
4. You would reasonably expect your personal information to be disclosed 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; or
5. Disclosure is otherwise required or authorised by law; or
6. When consulting with colleagues, or in the course of supervision, your counsellor will be required to conceal your identity and any associated parties involved; and to preserve your privacy at the utmost professional manner in accordance with the PACFA Code of Ethics.

Consequence of Not Providing Personal Information

If you do not wish for your personal information to be collected in a way anticipated by this consent form, Discover Your Strengths may not be in a position to provide the counselling service to you.

Consent

I, _____, have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Discover Your Strengths Counselling.

Client Name: _____

Client Signature: _____

Date: _____

If client is under 18 years of age:

I, _____, provide consent for the exchange of verbal and written Discover Your Strengths Counselling correspondence about my child's psychological condition and treatment at Discover Your Strengths Counselling to the following entity:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____