

COMPASSION

MINDFULNESS

New clients

Information about the Collection and Storage of Personal Information and Consent

Personal Information

As part of providing psychological services to you, it is necessary to collect and record personal information that is relevant to your current situation. The information is gathered is part of the normal process of assessing and treating the problem that you have brought, and is seen only by your psychologist. The information is retained in order to document what happens during sessions, and enables your psychologist to provide relevant and informed psychological interventions. This information is stored electronically using practice management software Healthkit which uses bank grade security and 256-bit encryption. All information is collected and stored in compliance with the requirements of the National Privacy Principles from the *Privacy Amendment Act (Private Sector) 2000.*

Current legislation requires patient information to be stored securely for a minimum of 7 years and then is destroyed.

At any stage patients may request access to see information that is kept about them on file. If you have any concerns about the management of your personal information please discuss this on your first visit. More information can be found by obtaining a copy of the National Privacy Principles which describe your rights and how information should be handled. Should you ever wish to lodge a formal complaint about the use of, or access to, your personal information you may do so with the Office of the Federal Privacy Commissioner, phone 1300 363 992, GPO Box 5218, Sydney NSW 1042.

Limits of Confidentiality

All personal information gathered and stored during the provision of therapy or other psychological service will remain confidential and secure except where:

- it is subpoenaed by a court; or
- failure to disclose the information would place yourself or another person at serious and imminent threat to life, health, safety or welfare, or serious threat to public health safety or welfare; or
- your prior approval has been obtained to:
 - > provide a written report to another professional or agency, e.g. a GP or lawyer; or
 - > discuss the material with another person,
 e.g. partner or employer; or
- your psychologist consults their clinical supervisor as part of on-going professional development and who is bound by the same ethical and legal standards regarding confidentiality.

I, (print your name in block capitals)

have read and understood the information contained in the document. I agree to the above conditions for the psychological service provided by John Singleton.

Signature

Date

Please note that if, after reading this form you are at all unclear about any of the information provided, please contact John prior to your first appointment.