



# **BRIGHT STAR COMMUNITY CARE**

## **New Client Consent Form**

Page 1 of 2 New Client of Bright Star Community Care Consent form for Bright Star Community Care Pty Ltd

### **Mental Health Services: Client Consent Form**

**Psychological Service:** As part of providing a psychological service to you, Bright Star Community Care needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the psychological assessment and treatment that is conducted. Your informed consent will be obtained before any treatment or procedure is initiated and you may withdraw from treatment at any time without prejudice. If you are unclear about any of the information on this consent form, please discuss this with staff.

**Privacy and confidentiality:** Your personal information is gathered as part of your assessment and treatment. All of this is kept securely and, in the interests of your privacy, used only by your Mental Health specialist and the authorised personnel of the practice (as necessary). We would like to emphasise that your privacy and the information that you provide is protected at all times. All of our counsellors are registered with their peak body organisations and it is a requirement that all counsellors follow strict guidelines for professional conduct that is in line with their Association and Code of Ethics. Your personal information is retained in order to document what happens during sessions, and enables the counsellor to provide a relevant and informed psychological service to you. You are entitled to access your personal information kept on file at any time. Should you wish to see the information kept on your client records, please discuss this with your counsellor.

**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 the Bright Star Community Care staff would 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; Orange Door or b. discuss the material with another person, e.g. a parent, employer or health provider; Orange door or 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 psychologist 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 any associations Code of Ethics.

Please Initial PG 1 Of 2 .....



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### **Bright Star Community Care Consent Form**

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, Bright Star Community Care Staff may not be in a position to provide the psychological service to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for Bright Star Community Care to deal with you or if Bright Star Community Care is required or authorised by law to deal with identified individuals. In most cases, it will not be possible for you to be anonymous or to use a pseudonym, however if the counselling staff at Bright Star Community Care agrees to you being anonymous or using a pseudonym, you must pay consultation fees at the time of the appointment. Cancellation Policy To ensure that Bright Star Community Care provides the highest quality of care to our clients, please give at least **24hour** notice if you are unable to attend your scheduled appointment. Otherwise, you may be charged a late cancellation/ non-attendance fee. This fee must be paid in full prior to the commencement of your next session at Bright Star Community Care. Your cancellation notice would be much appreciated, as this can enable us to provide services to other clients who may be in need of an urgent appointment.

### **Consent**

I, \_\_\_\_\_, have read and understood this Consent Form. I agree to the above conditions for the psychological service provided by Bright Star Community Care.

Client name: \_\_\_\_\_ Client Signature: \_\_\_\_\_

If client is under 18 years of age Parent/ Guardian's name:

Date: Parent/ Guardian's signature:

I, \_\_\_\_\_, provide consent for the exchange of verbal and written correspondence about my child's psychological condition and treatment at Bright Star Community Care to the following entity:

Parent/ Guardian's name: Parent/ Guardian's signature:

Date: