

## Exchange of Information Consent

### Confidentiality

All personal information gathered during the provision of psychological services will remain confidential and secure except when

1. Your prior approval has been obtained to:
  - a) Provide a written report to another professional or agency (e.g., a school, GP, solicitor, etc); or
  - b) Discuss the material with another person (e.g. a teacher, doctor, parent, etc); or
2. Failure to disclose the information would place you and/or another person at risk; or
3. It is subpoenaed by a Court

In order to provide a comprehensive psychological service, it is sometimes necessary to exchange information about you with other people. By signing this form, you give your psychologist permission to *seek information* about you, to *release information* about you, and/or to *discuss your situation* within the limits outlined below. The information exchanged assists your clinician to make a thorough assessment and treatment plan for you or may help other professionals provide services for you. You have a right to withdraw this consent at any time by telling your clinician or putting your request in writing.

I, (print name) ....., have read and understood the confidentiality conditions described above. I agree that Dr Edwards-Hart may exchange information with

..... of .....

I understand that the following information will be requested/released:

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And relates to:

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Signature ..... Date ...../...../..... Expiry of Authority ...../...../.....

**Note: If, after reading this page, you are at all unsure of what is written please discuss with your clinician.**