

Client Informed Consent Form



As part of the provision of service to you, including but not limited to counselling, assessment, treatment and report writing, ZAR Wellness needs to collect and record personal information from you. In accordance with relevant privacy and confidentiality legislation, the information collected may 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 your participation in **Counselling**. Your informed consent must be given prior to commencement of services.

Privacy and Confidentiality

Your personal information is gathered as part of the service you are engaging in. Information is securely stored and is retained in order to document what occurs during sessions. This helps the **Counsellor** to provide a tailored service specific to your needs.

Limits to Confidentiality

All personal information gathered by **ZAR Wellness** during the provision of services remains confidential except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would, in the reasonable belief of **ZAR Wellness** 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;
 - b) discuss the material with another person;
 - 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.

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, **ZAR Wellness**, may not be in a position to provide the **Counselling** service to you.

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Consent

I, _____, have read and understood this Consent Form. I agree to the above conditions.

Client Name: _____

Date: _____

Client Signature: _____

If client is under 18 years of age:

I, _____, provide consent for the exchange of verbal and written correspondence about my child's service at **ZAR Wellness** be provided to:

Parent/Guardian's Name: _____

Date: _____

Parent/Guardian's Signature: _____

Is the referring parent aware of any Orders (Parenting or other) that are in place? If so, please explain in the space provided below:
