

ray of light

Dear valued client

As part of the provision of service to you, including but not limited to counselling, assessment, treatment and report writing, Ray of light 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 Ray of light's counselling service. 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 Ray of light to provide a tailored service specific to your needs.

Limits to Confidentiality

All personal information gathered by Ray of light 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 Ray of light 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, Ray of light 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.

Client Name: _____

Client Signature: _____

Date: _____

If client is under 18 years of age:

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

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

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