

CONFIDENTIALITY AGREEMENT.



To make sure you receive the best possible care, I may wish to discuss information about your referral with other professionals involved in your care, including your General Practitioner and agencies such as the Community Nurses and other organisations/individuals who are involved in your health care. If you do not want me to do this, you will still receive the best service we can offer, however I believe that I can provide you with a better service if I am able to discuss issues relating to your care with the other people involved. There may however be some circumstances where by law I am required to disclose personal and confidential information to others.

Confidentiality

Confidentiality is a contractual agreement between you and your service provider. That means the processes that take place during the provision of services remain confidential as they pertain only to the service provision. As such, both the provider and the client are bound by confidentiality and are to refrain from discussing any part of the engagement outside the clinic sessions.

All services provided to you are confidential. However confidentiality is limited in the following circumstances:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious and imminent risk;
or
3. Your prior approval has been obtained to
 - a) provide a written report to another professional or agency. e.g. a GP or a lawyer; or
 - b) discuss the material with another person, e.g. a parent or employer;

Or if disclosure is otherwise required or authorised by law.

Do you give us permission to obtain and provide information relevant to your assessment and treatment with the following professionals and/or individuals involved in your care?

Please list the relevant individuals, along with their organisation (if applicable). ☐ Yes ☐ No

You are welcome to have an advocate (a friend, family member or appointed advocate) speak on your behalf and/or be with you when I come to visit you / or you attend appointments at the clinic.

Do you acknowledge you have read and understood the Client Consent agreement?

☐ Yes ☐ No

Client Name: _____ Signature: _____ Date: _____

Staff Name: _____ Signature: _____ Date: _____

If client unable to give consent:

Consent received from: _____

Relationship to patient: _____

Reason for person other than client giving consent: _____

Client Name: _____ Signature: _____ Date: _____

Staff Name: _____ Signature: _____ Date: _____