**Assessment Consent Form**

The Sunshine Club Psychology Practice provides psychological intervention and assessment services to adults, adolescents, and children. Prior to providing any services to you, The Sunshine Club will gain informed consent about the nature of the service. You maintain the right to withdraw your engagement in treatment at any time without prejudice.

The Sunshine Club Psychology Practice psychologists are registered practitioners under the Psychology Board of Australia. You’re rights as the client of a psychologist are outlined in The Charter for Clients of APS Psychologists. Please carefully read this charter prior to consenting to services. Should you have any questions about this information or would like a copy of this information, please discuss this with your psychologist.

This document contains information relevant to your treatment. Should you have any questions about the contents of this document, please discuss them with your psychologist.

**Collecting and holding information**

As a part of the provision of psychological assessment and intervention services provided to you, The Sunshine Club needs to collect and retain personal and health information from you. The information collected may include (but is not limited to) your name, your contact details, the contact details of an emergency contact, relevant medical information, and other relevant information as appropriate. This information in collected and stored as a necessary part of the psychological assessment and treatment process.

**Confidentiality and Privacy**

Psychologists at The Sunshine Club will safeguard the confidentiality of information provided during the provision of psychological services. Under some circumstances, confidential information obtained during the provision of services may be shared, under any of the following circumstances:

1. With the consent of the relevant client or person with legal authority to act on behalf of the client;
2. Where there is a legal obligation to do so;
3. Where there is immediate and specified risk of harm to an identifiable person or persons that can be averted only by sharing information;
4. Under the jurisdiction of The Privacy Act (1988) (Cth) Section 16A, item 1 where the entity (psychologist) reasonably believes that the collection, use or disclosure is necessary to lessen or prevent a serious threat to the life, health or safety of any individual, or to public health or safety.
5. Progress reports will be provided to the referring doctor where clients accessing services under the Medicare Better Access Initiative.
6. When consulting colleagues for peer supervision, information you have provided may be discussed, however, your identity and any identifying information will be concealed.

**Parent or Guardian Consent on behalf of a minor**

A parent or guardian will provide consent to services on behalf of children and adolescents.

Sessions will be held one on one with the psychologist and the young person, and the parent or guardian will not be present in sessions unless otherwise agreed. When speaking independently with the young person, the psychologist may obtain information that will not be disclosed to the parent or guardian. This is to support the development of a safe and trusting therapeutic alliance between the young person and their psychologist to maximise treatment outcomes. All information that the psychologist deems necessary will be shared with the parent or guardian of the young person, including information where the young person is at risk of harm.

**Assessment Information**

Appropriate psychological assessments for the client will be selected by the psychologist in consultation with the family and any other relevant parties such as a paediatrician. As part of the assessment process an initial interview will be conducted with a parent or guardian, information will be provided by the school or workplace, the psychological assessment will take place with the child, a comprehensive psychological report will be provided, and an optional 30-minute feedback session will be offered.

During the assessment process, some assessments may require your child to participate one on one with the therapist to ensure the validity of the assessment. Your psychologist will provide advice about this in the initial interview. If you do not consent to this, your assessment may not be able to take place.

A copy of the final report will be sent to the parent or guardian on completion of the report. Should you wish the report to be distributed to other parties, please advise your psychologist at the time of assessment. You are also able to share your report and associated information as you wish.

The assessments I am consenting to include:

For the above assessments and report I agree to the cost of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

By signing below, I am consenting to the assessments outlined above and the collection and use of my information for the purpose of the assessment and the subsequent report.

Child/young person’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_