

## Confidentiality Agreement

We are required to record information relating to the delivery of services. The recording of identifying information can include (but is not limited to) case notes, progress notes, records of attendance, and recorded sessions.

### Limits of Confidentiality

Services provided to you honour the confidential nature of the information disclosed during service delivery. All information gathered during the provision of your service will remain confidential and secure except when:

1. It is subpoenaed or required by law by a court.
2. Failure to disclose the information would place you or another person at risk.
3. Your prior written consent has been obtained to discuss certain issues with another person or agency for example, your GP.

Court referred clients receive “Family Counselling” as per Section 10D and 10H of the Family Law Act set out the circumstances in which communications made in family counselling and family dispute resolution, respectively, must or may be disclosed.

### Access

Your records are securely stored. You are welcome to access material recorded in relation to yourself only by written request. This information may be released in consideration to the following:

- Relevant ethical policies and procedures in accordance with the guidelines of the Australia Counselling Association.
- Subject to any privacy, legal and safety issues

In order to release information to other parties (e.g. Solicitor) we will require a subpoena, unless the limits of confidentiality (as outlined above) apply.

Sections of the Family Law Act 1975 (Sections; 10D, 10H and 67ZA) provide that a communication made in family counselling and family dispute resolution or associated referrals are not admissible in any court proceedings, in any jurisdiction (excluding where confidentiality is limited as outlined above).



**Name:**

**DOB:**

**Residential Address:**

**Postal Address:**

**Best Contact Phone Number:**

**May a message be left on this number?**

Yes          No          Other

**Are you:**          Married          Partnered          Single

**Do you or your partner have children?**          Yes          No          NA

**Do you have any orders relevant to yourself or partner or your children?**          Yes          No

**Are you or have you ever been on medication for depression, anxiety or any other psychological condition?**          Yes          No

**Have you ever seen a counsellor, psychologist or a psychiatrist before?**          Yes          No

**How did you hear about our services?**

**Have your been referred?**          Yes          No          If Yes, by who?

**What are your concerns for seeking counselling?**

I [Name]  
have read and accept the Confidentiality Agreement above.

*Signature*

*Date*