

Confidentiality, Privacy



1. Confidentiality & Record Keeping

In general, information that is shared between a counsellor and client remains confidential. This means that I must protect your privacy and not share information about you with others. This applies whether the information is given to me verbally or in written form and extends to the fact that you have attended or are going to attend counselling with me. I have a legal obligation to protect information, and I do so by ensuring that all paper records are kept in a secure filing cabinet to which nobody else has access; that all electronic records are kept in secure documents to which nobody else has access; and that I keep information with your identity (such as your intake form) separate from your session/contact notes. I will keep your counselling records for at least seven (7) years, and in some cases I may be required by law to retain records for a longer period.

2. Limits of Confidentiality

It is important that you understand, however, that there are certain circumstances under which I will share information about you or about what you have told me. These situations are:

- Where you have explicitly given me permission to share information, such as informing your emergency contact of an emergency situation or when you have signed your permission for a referral.
- Where I consider you to be at risk of harming yourself or someone else.
- Where I consider a child to be at risk.
- In some cases where a significant crime may be or has been committed.
- Where your counselling records, or part thereof, have been requested by a court of law.

At times, I may also discuss aspects of our work together with my professional supervisor. This is an important part of meeting my professional responsibilities. I will not provide information that could identify you during these discussions.

3. Privacy & Data Collection

Switched-On Counselling complies with the Privacy Act 1988. The protection of personal information is taken seriously. Personal information includes any information about a person who is identified or whose identity can reasonably be established. Personal information is collected for the purpose of providing a counselling service. Information is collected in the following ways:

- When you make an inquiry, email/phone the practice, book a session, complete documentation, or request a letter or report.
- From third party service providers (if you are referred via doctor/or other third party).
- Via enquiries received through our website, email or social media.

5. Consent

- You provide Switched-On Counselling with consent to collect, use and disclose your personal and health information for the purpose of providing a counselling service.

6. Security of Data Collected

- Switched-On Counselling takes reasonable steps to protect personal information collected and secure it from misuse, loss and interference and from unauthorised access and modification.

7. Access, complaints

- Switched-On Counselling will provide you with access to your personal and health information that has been collected at your written request (subject to any legal exceptions). Please also let us know via email if you have any concerns, questions, or complaints.

8. Disclosure

- Personal information will only be disclosed to third parties with your written consent (or if required by any relevant Federal or State or Territory law).

Telehealth Consent



Definition

A telehealth service is a therapy service that is conducted via the telephone or secure video platform, such as ZOOM. The purpose of the session may include but is not limited to counselling, assessment, supportive intervention and onward referral. Please read this form carefully in order to provide your informed consent for undertaking telehealth consultations with Switched-On Counselling.

Telehealth Consultation Consent

1. I understand that the laws that protect my privacy and confidentiality also apply to telehealth sessions.
2. I understand that my counsellor has chosen a telehealth software platform which meets the recommended standards to protect the privacy and security of the consultation.
3. I understand that there are potential risks and consequences of participating in telehealth consultations, including technical difficulties such as internet connection limits.
4. I understand that telehealth consultations will not be exactly the same as in-office sessions due to the fact that I will not be in the same room as my counsellor.
5. I agree that neither myself nor my counsellor will record the sessions.
6. I understand that telehealth consultations do not provide emergency services. If I am experiencing an emergency, I understand that I can call 000 or Lifeline (13 11 14) for crisis and suicide support.

Confidentiality, Privacy, Data Collection, Telehealth Consent

I, _____ have read and understood the information pertaining to confidentiality, privacy, data collection and telehealth and agree to the above conditions.

Client Signature: _____

Date: _____

If client is under 18 years of age:

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____