

Victoria University (VU) Psychology Clinic

CONSENT TO RECEIVE TREATMENT AT VU PSYCHOLOGY CLINIC

Metro West
47 Paisley Street
Footscray VIC 3011

Postal Address
Psychology Clinic
Metro West M140
PO Box 14428
Melbourne VIC 8001

What psychology is about

The purpose of meeting with a psychologist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. It is important that you feel comfortable talking to me about your life. Sometimes this will include things you don't want your parents or guardians to know about. Privacy, also called confidentiality, is an important and necessary part of our time together.

As a general rule, I will try to keep the information you share with me in our sessions to myself, unless I have your written consent to tell someone. There are important exceptions to this rule that you should understand before you share personal information with me in a session. In some situations, there is a law or professional code that means I have to disclose information even without your permission. I have listed some of these situations below.

I'll have to tell someone if:

- ◆ You tell me you plan to hurt or kill yourself, and I believe you have the intent and ability to carry out this threat. I must take steps to inform a parent or guardian of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- ◆ You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat. In this situation, I must inform your parent or guardian, and I must inform the person who you intend to harm.
- ◆ You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, I will need to use my professional judgment to decide whether a parent or guardian should be informed.
- ◆ You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past. In this situation, I am required by law to report the abuse to the Victorian Department of Human Services.
- ◆ You are involved in a court case and I am ordered to give information about your counselling. I will do all I can within the law to protect your privacy, and if I am required to disclose information to the court, I will tell you this is happening.

Talking to your parents or guardians

Except for situations such as those mentioned above, I will not tell your parent or guardian things you share with me in our therapy sessions. If there are activities that your parent/guardian would be upset by, but that do not put you at risk of serious harm, I might ask you to talk to them, but I won't tell them. However, if your risk-taking behaviour becomes more serious, then I will need to use my professional judgment to decide whether you are in danger. If I feel that you are in danger, I will talk to you about it and tell you what I plan to say to your parent/guardian, then I will tell them.

Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drunk driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information private from your parent/guardian. If you tell me, or if I believe based on things you've told me, that you are addicted to alcohol, I would not keep this information private.

Example: If you tell me that you are having protected sex with a boyfriend or girlfriend, I would keep this information confidential. If you tell me that you have had unprotected sex with people you do not know or in unsafe situations, I will not keep this information private.

You can always ask me questions about the types of information I would disclose. You can ask in the form of "hypothetical situations," in other words: "If someone told you that they were doing (e.g. _____), would you tell their parents?"

Talking with other adults

School:

I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counsellor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission. A very unlikely situation might come up in which I do not have your permission but both I and your parent or guardian believe that it is very important for me to be able to share certain information with someone at your school. In this situation, I will use my professional judgment to decide whether to share any information.

Doctors:

Sometimes your doctor and I may need to work together; for example, if you need to take medication. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Adolescent consent form & parent agreement to respect privacy

Adolescent therapy client

Signing below indicates that you have read my policies above and understand the limits to privacy. If you have any questions, you can ask me at any time.

Minors name:	Date:	Signature:
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Parent/Guardian

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed

Although I know I have the legal right to request written records/session notes since my child is a minor, I agree not to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parents name:	Date:	Signature:
Parents name:	Date:	Signature:
Therapist name:	Date:	Signature:

We endeavour to create and foster a healthy working relationship with you as a client of our service. However, aggressive or abusive speech or behaviour towards staff, students, other clients or carers will not be tolerated. Generally offensive or objectionable behaviour will lead to a request for the behaviour to cease. If this request should be disregarded, you will be asked to leave the clinic. The Clinic reserves the right to refuse further treatment to any individual who has previously exhibited aggressive or abusive behaviours towards staff, students, other clients, carers or members of the public.

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