

**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

## Name, details and consent

First name:	Surname:	
Preferred name:	Date of birth:	
Phone:	Email:	
Address:	Postcode:	
Emergency contact name:		
Relationship to you:	Emergency contact phone:	
Any other people involved your my care:	Phone:	

## Consent to audio-visual recording

Sessions at the VU Psychology Clinic are recorded to assist in client care. Video files are confidentially and securely stored, and are viewed only by the treating clinician and their supervision team. They remain the property of the Victoria University Psychology Clinic and will be deleted within three months of cessation of treatment.

## Consent for release and request of psychology information

I consent to VU Psychology Clinic receiving information from and releasing information to the following parties, for the purpose of my psychological treatment at the Clinic (please draw a line through if no release given):

General Practitioner	Name	Phone
Professional:	Name:	Phone:
Professional:	Name:	Phone:
Professional:	Name:	Phone:

## I consent to the following:

- To receive treatment at Victoria University Psychology Clinic
- To audio/visual recording at Victoria University Psychology Clinic
- For release and request of psychology information

Client name:	Date:	Signature:
Treating Provisional Psychologist:	Date:	Signature:

## Additional consent for use of client information for research purposes

The VU Psychology Clinic involved both training of professional psychologists and related research activities. We would appreciate your voluntary consent for the use of information related to your treatment at the clinic for research purposes. This information may include: clinical notes, files, and test/assessment documents relating to your clinic contact, as well as video recorded session material. If you consent, this material may be used in research projects, confidential presentations, and publication in scientific journals. Your name and other identifying details will not be included in any of these research outputs and no unauthorised person will have access to your private information.

Your consent for this additional research use of your information is entirely your choice. You do not have to agree to this and your assessment and treatment in the VU Psychology Clinic is not conditional on your agreeing to the research use of your information. There will be no negative consequences for you if you decide not to give use this additional consent.

I understand this additional research request and I:

Consent (give permission)

Do not consent (I do not give permission)

for authorised Victoria University researchers to use information related to my assessment and treatment in the VU Psychology Clinic for research purposes stated above:

Client name:	Date:	Signature:
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## Privacy and confidentiality information

### We're a Training & Research Clinic

The Victoria University Psychology Clinic is a training clinic run to develop the skills of postgraduate, provisionally registered psychologists at Victoria University. In return it provides a low-cost community service to residents of western Melbourne. Treatment is provided by provisional psychologists under the supervision of a registered Psychologist supervisor and Clinic Director.

### Collecting your information

As part of providing a psychological service to you, we will need to collect and record your personal information that is relevant to your care. This information is a necessary part of the psychological treatment that is conducted. You do not have to give all your personal information, but if you don't, this may mean we can't provide a full service to you.

### How we manage your information

During your treatment, your file may be held in a secure filing cabinet which is accessible only to authorized VUPC staff. For the long term, we keep your information electronically in a secure (password protected and encrypted) practice management database. Your information will be used by:

- ◆ The psychologist that treats you;
- ◆ Their supervisors including for case presentations with peers, and the Clinic Director; and
- ◆ Sometimes, de-identified information (without your name or details that could identify you) is used for psychological research. The Clinic Director approves any research conducted using this data and the research has to conform to the University's ethical research principles ([www.vu.edu.au/research/researcher-support/conducting-research/human-research-ethics](http://www.vu.edu.au/research/researcher-support/conducting-research/human-research-ethics)).
- ◆ It may be used by future treating psychologists external to this clinic but only if you provide a separate consent for this.
- ◆ Should you return to this clinic for treatment in the future, or be referred to a new treating provisional psychologist within the Clinic, your file will be available for review by the new treating clinician.

### Sharing information

If you have been referred by another professional, we may write a report to them discussing the findings of the assessment. On the attached consent form, please indicate who referred you and sign if you are prepared for information to go to them. You have a right to cancel this consent at any time.

If you don't consent to us providing information, we can't give it to anyone outside of the Clinic unless:

- ◆ it is subpoenaed by a court; or
- ◆ failure to disclose the information would place you or another person at serious and imminent risk.

### **Access to information**

At any stage you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. The psychologist may discuss with you, appropriate forms of access.

### **Privacy and confidentiality legislations**

The VU Psychology Clinic abides by the Australian Psychological Society Charter for Clients, and the private sector provisions of the Commonwealth Privacy Act (1988), and the Victorian Health Records Act (2001). The psychological service provided is bound by the legal requirements of the Australian Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

### **Concerns**

If you have a concern about the management of your personal information, please inform the Clinic Director. Upon request you can obtain a copy of the Australian Privacy Principles, which describe your rights and how your information should be handled. Ultimately, if you wish to lodge a formal complaint about the use of your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992.

### **Questions?**

If you don't understand some of what is written here, or have more questions, please discuss it with the psychologist before you sign the consent form.

**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.**