**Client Informed Consent Form for Allied Health Services**

Mary Mackenzie Counselling and Coaching Services:

As part of the provision of counselling or coaching service to you, **Mary Mackenzie Counselling and Coaching** needs to collect and record personal information from you. In accordance with relevant privacy and confidentiality legislation, the information collected may include (but may not be limited to) your name, contact details, medical history, employment status and other relevant information as appropriate.

**Privacy and Confidentiality**

Your personal information is gathered as part of the service you are engaging in. Information is securely stored and is retained in order to document what occurs during sessions. This helps the **counsellor / coach** to provide a tailored service specific to your needs.

**Limits to Confidentiality**

All personal information gathered by **Mary Mackenzie** during the provision of services remains confidential except when:

1. It is subpoenaed by a court; or
2. Failure to disclose the information would, in the reasonable belief of **Mary Mackenzie Counselling and Coaching** place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
   1. provide a written report to another professional or agency;
   2. discuss the material with another person;
   3. disclose the information in another way; or
4. Disclosure is otherwise required or authorised by law.

**If you have any questions regarding the above, or wish to discuss the confidentiality implications prior to signing this agreement please let us know.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Consent Form. I agree to the above conditions.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If client is under 18 years of age:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, provide consent for the exchange of verbal and written correspondence about my child’s service at **Mary Mackenzie Counselling** be provided to:

Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_