

1. Statement of Informed Consent

As part of providing psychological and counselling services, Smiles All Round will collect and record relevant information from you. This information is essential for assessment, treatment planning, and intervention. Your personal data is stored securely in password-protected electronic systems and/or locked physical storage, in accordance with the Australian Privacy Principles and relevant professional standards. You can access your file at any time upon request. Records are retained for the minimum period required by law.

Client Access to Recorded Information

You are entitled to request access to the information stored in your file, subject to exceptions specified under National Privacy Principle 6 of the Privacy Amendment (Private Sector) Act 2000 (e.g., actual test scores, proformas, etc.). Any requests for access to your records should be made in writing to Smiles All Round. Summaries of your file can also be provided. Further information about these privacy laws is available on the Office of the Federal Privacy Commissioner (OFPC) website at www.privacy.gov.au. If you wish to lodge a formal complaint about the use or access to your personal information, you may write to the OFPC Commissioner (GPO Box 5218, Sydney, NSW 1042) or telephone 1300 363 992.

Confidentiality

All personal information gathered by Smiles All Round will remain confidential and secure, and will not be shared with any third party outside of our organisation without your knowledge or consent, except in the situations listed below:

1. **Risk of serious harm:** If failure to disclose information may place you or another person at risk of serious harm.
2. **Legal requirements:** This includes, but is not limited to, court orders, subpoenas, mandatory reporting obligations, or other applicable legislation.
3. **Professional supervision or peer consultation:** Your case may be discussed in a de-identified way to ensure safe and effective practice.
4. **With your prior consent:** We may provide reports to or discuss relevant information with other professionals (e.g., GP, specialist) or people involved in your care (e.g., family, support persons).

2. Exchange of Information Consent

In the course of providing psychological and counselling services, it may be necessary to exchange information about you with other professionals or agencies to ensure a comprehensive treatment approach. This exchange of information may assist your practitioner in making an informed assessment, developing a treatment plan, or helping other professionals involved in your care.

By signing this form, you give your practitioner permission to:

- Obtain information about you,
- Release information about you, and
- Discuss your situation with other professionals or agencies, within the scope outlined below.

Withdrawing Consent

You may withdraw your consent for sharing information at any time. To do so, please inform your practitioner, either verbally or in writing. Withdrawal of consent applies from the date you notify us and cannot be applied retrospectively to information already shared with your permission.





Permission for Information Exchange:

I consent to the exchange of information about me, both verbal and written, with the following:

Please fill in each of the boxes below if relevant.

	Organisation Name	Contact Person	Contact Details <i>e.g. Phone/Email</i>
GP			
Medical Specialist <i>e.g. Paediatrician</i>			
Allied Health Professional			
Other:			

Consent and Exchange of Information Acknowledgment:

This form outlines your rights and responsibilities, and by signing it, you agree that you are consenting to the exchange of information and services under the conditions stated above. If you have any questions or concerns, please feel free to discuss them with your practitioner.

Name:		
Signature:		Date:
Please select Fill & Sign tool in Adobe Reader		

Thank you for completing 

Please email form to Smiles All Round at admin@smilesallround.com.au