

1. Privacy Information

At Smiles All Round, we collect and store information about your child for the sole purpose of providing appropriate psychological services. We are committed to maintaining confidentiality. All information collected about you and your child is stored securely in accordance with the Australian Privacy Principles and relevant professional standards. Records are kept in password-protected electronic systems and/or locked physical storage, which is only accessible to authorised staff. We retain client records for the minimum period required by law and all information is handled confidentially in line with the limits described above.

Information 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 we believe that failure to disclose information may place your child, you, or another person at risk of serious harm, we may need to share relevant information to help keep people safe.
2. **When required by law:** This includes, but is not limited to:
 - A court subpoena or legal order
 - Mandatory reporting obligations (e.g., suspected child abuse or neglect)
 - Other legal requirements under applicable legislation
3. **Professional supervision and peer consultation:** Psychologists, counsellors, and social workers are ethically required to engage in regular professional supervision to ensure high-quality, safe, and effective practice. As a client, your child may be discussed in supervision or peer consultation in a de-identified way (all names or identifying details are removed); this is done to protect your privacy while supporting best-practice care.
4. **Prior approval:** With your permission, we may:
 - a. Provide a written report to another professional or agency (e.g., school, GP, paediatrician, NDIS, solicitor).
 - b. Discuss relevant information with another person involved in your child's care (e.g., teacher, doctor, another parent or caregiver, or other family members).

2. Exchange of Information Consent

In order to provide a comprehensive counselling service, it is sometimes necessary to exchange information about you/ your child with other people. By signing this form, you give your practitioner permission to seek information about you/your child, to release information about you/your child, and/or to discuss your situation within the limits outlined below. The information exchanged will assist your practitioner to make a thorough assessment and treatment plan for you; also, it may help other professionals to provide services for you.

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: it cannot be applied retrospectively to information already shared with your permission.





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>			
School/Childcare			
Allied Health Professional			
Other:			

I, have read and understand the above Consent Form.
I agree to these conditions for the service provided by Smiles All Round.

Signatures

Client Name:

Guardian/Parent:

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