mindhealth

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Authority to Release Information

CONSENT TO SHARE AND TO LIAISE

This form says who we may talk to about your care, and what we may share. It works both ways: we can release information, or ask for it.

You do not have to sign it. You can authorise part and decline the rest. Declining does not affect your sessions, unless the work itself depends on us liaising with someone else, such as an insurer, employer, school or funder. We will tell you if that applies to you. **It lasts 12 months.** You can cancel any time, and cancelling does not undo anything already shared.

Privacy Policy **mindhealth.com.au/privacy-policy** · Fees **mindhealth.com.au/fees**

YOUR DETAILS

CLIENT NAME

DATE OF BIRTH

DATE OF THIS AUTHORITY

PERSON OR ORGANISATION 1

NAME AND ROLE (E.G. DR JANE SMITH, GP)

ORGANISATION

PHONE

EMAIL

ADDRESS

What may we do? Tick one.

- ☐ Release and obtain information
- ☐ Obtain information from them only
- ☐ Release information to them only
- ☐ Speak with them only, nothing in writing

What may be shared? Tick the first box for all of it, or choose individual items.

- ☐ **Everything below, except session notes**
- ☐ Attendance and appointment dates
- ☐ My diagnosis, if one has been made
- ☐ A written report (fee applies)
- ☐ Session notes (we will discuss this first)
- ☐ A brief progress summary
- ☐ Treatment plan or recommendations
- ☐ Assessment results and test scores

ANYTHING TO EXCLUDE (OPTIONAL)

PERSON OR ORGANISATION 2

NAME AND ROLE (E.G. DR JANE SMITH, GP)

ORGANISATION

PHONE

EMAIL

ADDRESS

What may we do? Tick one.

- ☐ Release and obtain information
- ☐ Obtain information from them only
- ☐ Release information to them only
- ☐ Speak with them only, nothing in writing

What may be shared? Tick the first box for all of it, or choose individual items.

- ☐ **Everything below, except session notes**
- ☐ Attendance and appointment dates
- ☐ My diagnosis, if one has been made
- ☐ A written report (fee applies)
- ☐ Session notes (we will discuss this first)
- ☐ A brief progress summary
- ☐ Treatment plan or recommendations
- ☐ Assessment results and test scores

ANYTHING TO EXCLUDE (OPTIONAL)

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MORE PEOPLE OR ORGANISATIONS

Only if you need more than two. Tick **All** for the same scope as above, or write what may be shared. Session notes are never covered here; ask us if you want them released.

NAME AND ROLE	ORGANISATION	PHONE OR EMAIL	WHAT MAY WE DO	ALL	OR LIST WHAT MAY BE SHARED
			☐ Release ☐ Obtain ☐ Both	☐	
			☐ Release ☐ Obtain ☐ Both	☐	
			☐ Release ☐ Obtain ☐ Both	☐	
			☐ Release ☐ Obtain ☐ Both	☐	

WHY WE ARE SHARING, AND HOW

What is this for? Tick all that apply.

- ☐ **Any of the below that apply to my situation**
- ☐ My GP or referrer
- ☐ School, university or work support
- ☐ NDIS planning or reporting
- ☐ Family or a support person
- ☐ Another treating health professional
- ☐ An insurance or compensation claim
- ☐ A legal matter
- ☐ Something else (below)

ANYTHING ELSE WE SHOULD KNOW

How should we send written information? Tick all that apply.

- ☐ **Any secure channel: Client Portal, secure message or post**
- ☐ Client Portal (most secure)
- ☐ Post
- ☐ Secure message to a health provider
- ☐ Email (least secure, see the note below)

A note about email. Email is the least secure channel we use. Once sent, an email can be forwarded and may sit on servers we do not control. **We do not send reports or clinical correspondence by email as a matter of course.** Choose it only if you have thought about that.

WHAT YOU SHOULD KNOW

The rules we work to. The Code of conduct for psychologists issued by the Psychology Board of Australia, the Australian Privacy Principles under the Privacy Act 1988 (Cth), and the Health Privacy Principles under the Health Records and Information Privacy Act 2002 (NSW).

When we may share information without your consent

What you tell your psychologist is confidential. There are four situations where the law or our professional obligations require us to share information even if you have not agreed:

- Where there is a **serious and imminent risk** to your life, health or safety, or to someone else's.
- Where we are required to **report a child at risk of significant harm**, or to notify a regulator about the conduct of a health practitioner.
- Where a **court subpoenas your file**, or a law requires us to produce it.
- Where **you have asked us to share it**: with your GP, an insurer, or someone else you nominate.

Where possible, we will discuss any disclosure with you first and limit the information shared to only what is necessary. **This form does not change any of that.** It does not create an obligation to disclose, and it does not remove one.

If you have a Medicare referral

Your psychologist writes to your referring GP at the start and end of a course of treatment. That is part of the referral arrangement, not this form, and it continues while you are in treatment. You can ask us not to; tell your psychologist.

Reports and fees

A written report is charged separately, and is not the same as a short letter confirming attendance. Ask what something will cost before you request it. Fees: **mindhealth.com.au/fees**.

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A copy of your own record

You do not need this form to get a copy of your own file. Ask the Practice Manager at info@mindhealth.com.au or 1300 084 200. We respond within 30 days, and you can also ask us to correct it.

Where your information is held

Your record is held in Zanda Health, stored in Australia. Some of the people who support these systems are overseas. Full detail: mindhealth.com.au/privacy-policy.

If you do not sign this

Your care continues either way, and we will not contact anyone you have not named. Two things are worth knowing. If you have a Medicare referral, your psychologist still writes to the referring GP at the start and end of a course of treatment, because that is part of the referral arrangement; if you want no GP correspondence at all, we can see you privately instead of under a rebate. If a third party is funding your treatment (WorkCover, CTP, an EAP, an insurer or the NDIS), reports are usually a condition of that funding, so without an authority you may need to pay for sessions yourself.

If you are unhappy with something

Please tell us first if you feel able to. Most things are fixed quickly. Contact the Practice Manager on 1300 084 200 or info@mindhealth.com.au. You do not have to come to us first. You can contact the **Health Care Complaints Commission (NSW)** on 1800 043 159, the **Psychology Council of NSW** on 1300 197 177, the **Office of the Australian Information Commissioner** on 1300 363 992, or the **NSW Privacy Commissioner** on 1800 472 679. A complaint there must be made within 6 months. **Making a complaint will not affect your care.**

If you would like this form in another language, in large print, or read to you, ask us. Interpreter: TIS National 131 450.

YOUR AUTHORITY

☐ **I do not want Mind Health to share information with anyone at this time.** Sign and date below, and leave the rest of this form blank.

I am signing as:

☐ The client ☐ A parent or guardian ☐ A person with legal authority

FULL NAME OF THE PERSON SIGNING

IF SIGNING FOR SOMEONE ELSE, YOUR RELATIONSHIP

If the client is under 18, do they agree?

☐ Yes ☐ No ☐ Too young to be asked ☐ Not applicable (adult)

EARLIER END DATE, IF YOU WANT ONE (OPTIONAL)

☐ I have read and understood this form. I know what may be shared and with whom, that I can cancel at any time, and that it ends after 12 months.

Client

PRINTED NAME | SIGNATURE | DATE

Parent, guardian or substitute decision-maker (if applicable)

PRINTED NAME | SIGNATURE | DATE

Psychologist or witness (if required)

PRINTED NAME | SIGNATURE | DATE

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OFFICE USE ONLY

Not part of the client's authority. Complete the checks before anything is released, then log every release below. Keep this page with the signed authority.

- ☐ Recipient contact details verified against practice records, not the client's handwriting
- ☐ Parenting order or plan sighted (separated families), or not applicable

VERIFIED BY	DATE	AUTHORITY EXPIRES

Release log

DATE	WHAT WAS RELEASED	TO WHOM	RELEASED BY

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