APAC–APPA Towards Good Practice Guide Series

Informed consent example

Purpose

Australian Psychology Accreditation Council (APAC), in partnership with the Australian Psychology Placement Alliance (APPA), have developed a series of *Towards Good Practice Guides* that focus on the placement components of accredited and approved psychology programs of study.

This example has been generously shared to support the sharing of knowledge and approaches across different program types and education providers.

Examples and exemplars are intended to encourage discussion and reflection, rather than provide prescribed models of compliance. Adopting an example does not, in itself, demonstrate that a program meets the Accreditation Standards.

We thank all education providers for contributing examples and exemplars to this project.

APAC Accredited program

Education provider:	Southern Cross University
Program:	Master of Professional Psychology
Unit/subject (if applicable):	N/A

Overview

Client consent form from Southern Cross University for accepting psychological services from provisional psychologists, including information about the purpose of psychological services, role of supervision, confidentiality and privacy, accessing information, Medicare rebates, emergency contacts.

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES DELIVERED BY A PROVISIONAL PSYCHOLOGIST

.....(*student's name*) is a Provisionally Registered Psychologist and student on placement fulfilling the Master of Professional Psychology Program requirements at Southern Cross University.

Whilst on placement, the student's work is overseen by their Psychology Board of Australia Approved Psychologist Supervisor(s)

.....*(supervisor/s name/s)*

Nature and Purpose of the Psychological Service

As part of providing a psychological service, including assessments and counselling, …….. (provisional psychologist name) will need to collect and record personal information pertaining to you. This information is a necessary part of the psychological assessment and treatment.

Psychology services vary depending on the personalities of the psychologist/provisional psychologist and client and the particular reasons you are seeing a psychologist. Your psychologist/provisional psychologist may use many different methods to deal with the problems that you hope to address. Psychology and psychotherapy require a very active effort on your part. For the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Our first few sessions will involve evaluating your needs. By the end of the evaluation, your psychologist/provisional psychologist will be able to offer you some first impressions of what our work will include and a treatment plan to follow. If you have questions about the procedures, you and your psychologist/provisional psychologist should discuss them when they arise. You can cease therapy with your psychologist/provisional psychologist at any time. If you feel uncomfortable with what is happening in a session, you may request that the session cease at any time.

We are committed to providing culturally safe and responsive care. If you identify as Aboriginal or Torres Strait Islander, or belong to a culturally and linguistically diverse community, please let us know how we can best support your preferences, values, and community involvement.

Please also inform your psychologist/provisional psychologist if you have specific access support needs (ramps, accessible parking, resources provided in specific formats), communication support needs such as interpreting, the use of assistive technology, or resources provided in different languages, or any other support needs in order to assist your participation.

Access to your information

Relevant personal information about the current situation will be collected and recorded as part of providing psychological services. The information will assist in providing appropriate and thorough service. The information will be stored in a secure location. Psychologist/provisional psychologists are required to keep your file for a minimum of 7 years or, if clients are under the age of 18 at the time of treatment, until they are 25 years of age. Files of clients are held in a physical filing cabinet at _____ /on the clinic's practice management software/on secure hard drives at _____ /on secure cloud-based storage system _____ /other. You may access the information in your file on request, subject to the exceptions in the Privacy Act 1988 (https://www.legislation.gov.au/C2004A03712/latest/text).

Confidentiality and Privacy

If information about you is required from another person, such as a parent or partner, this will be discussed with you beforehand, and your permission will be sought. Please note that we will not engage with you in public or online in a way that will identify you as a client. This is to protect your privacy and due to the requirements to uphold professional boundaries. Please personally contact your psychologist to engage with them rather than approach them on social media or in public forums.

All personal information gathered by the psychologist/provisional psychologist during the provision of psychological service will remain confidential and secure except when:

1. A court subpoena or other disclosure is required or authorised by law
2. Your consent cannot be gained due to a requirement to get you emergency services during a medical crisis
3. If there is unauthorised access to data held by the clinic some limited information may need to be shared with the Office of the Information Ombudsman.
4. Failure to disclose the information would place you or another person at risk of harm
5. Given your prior approval or consent of a parent or guardian who is legally authorised to act on your behalf to provide a written report to another professional or agency or discuss information with another person, e.g., parent or employer
6. You have provided your consent to share your information for a specific reason and purpose.
7. You would reasonably expect your personal information to be disclosed to another professional or agency, and disclosure is directly related to the primary purpose for which it was collected, such as to inform your GP of treatment and progress, to claim Medicare rebates on your behalf etc.
8. Clinical consultation with another professional is required to provide better services. If this occurs, identifying details will remain confidential.

If, during your treatment, the psychologist becomes aware of a risk to someone's life, health, or well-being, the psychologist/provisional psychologist is required to report the matter to the appropriate agencies.

Please see the Privacy Policy for the Management of Personal Information for further information.

Supervision

To assist the student in their ongoing professional development, they may discuss their psychological practice with the supervisor(s). As part of professional development and ethical practice, your provisional psychologist will engage in supervision with Psychology Board of Australia approved supervisor. During these sessions, aspects of your care may be discussed to ensure safe, effective, and reflective practice.

- All information shared in supervision will be **de-identified** to protect your privacy.
- The provisional psychologist will take reasonable steps to ensure that you **cannot be identified**, even indirectly.
- If you have concerns or wish to opt out of this process, please speak with your service/provisional psychologist. This may include discussion of clinical themes, treatment approaches, or practitioner reflections.
- You have the right to **ask questions**, **withhold consent**, or **withdraw consent** at any time.
- This process aligns with the Psychology Board of Australia's Code of Conduct and the Australian Privacy Principles.

Videotaping, audiotaping, or some other forms of student observation may be used by the supervisor(s), but this will not occur without your knowledge and permission.

Medicare Rebates

Services provided by provisional psychologists are part of supervised clinical training and do not attract Medicare rebates. This means:

These services are not eligible for rebates under the Medicare Better Access initiative or other Medicare-funded programs.

If you have private health insurance, you may wish to check with your provider regarding any applicable rebates, although these are generally not available for services delivered by provisional psychologists.

We encourage you to discuss any questions about fees or rebates with the service before commencing services.

Emergency

In an emergency, please go to the nearest hospital's emergency department or call 000. For further information, refer to the website for your local health district. You may also find it helpful to call Lifeline on 13 11 14 for out-of-hours phone support.

For young people: Kids Helpline 1800 55 1800

For Aboriginal and Torres Strait Islander clients: 13YARN 13 92 76

Please add other emergency options for your local area/specific to client groups

Consent

I, (print name) _____ have read and understood the above consent form provided by (provisional psychologist name) supervised by (supervisor name) and have had the opportunity to have any questions I may have about it answered. By signing this form, you acknowledge and consent to the use of de-identified information for supervision purposes. **I agree with the psychological services provided by the provisional psychologist and the associated fee I am required to pay.**

Signed (Client/ Parent*/ Guardian*): _____

Print name: _____

Date: _____

*For clients unable to give informed consent.

This consent remains valid for the duration of your engagement with the service, unless withdrawn by you, or if the nature of your treatment changes. Consent will be reviewed at least every 6 months or upon request.

Consent form developed using resources from AAPi