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:	The University of Western Australia
Program:	Master of Clinical Psychology
Unit/subject (if applicable):	N/A

Overview

Client consent form for treatment, recording, observation, and research participation for The University of Western Australia's Robin Winkler Clinic, a placement clinic connected to the School of Psychological Science, where provisional psychologists undertaking postgraduate training in clinical psychology provide psychological services under supervision.

Consent for treatment, recording, observation, and research participation

When applying to attend the Robin Winkler Clinic I understand that:

1. Assessment and treatment will be delivered by provisionally registered psychologists who are undertaking their postgraduate training in clinical psychology and work under the supervision of experienced clinical psychologists. Therefore, to facilitate quality care, my information may need to be shared among clinicians/staff of the Robin Winkler Clinic for supervision and education purposes (i.e., individual and group supervision, clinic meetings, case presentations) and administrative purposes. This information is only shared when necessary for provision of the psychological service and is de-identified whenever possible to preserve my privacy.
2. Wait time for an appointment can vary and at times be lengthy, and the clinic is not suitable for very urgent needs or emergencies, and I will access more urgent supports if needed.
3. The first appointment will be an assessment to determine if the clinic is suited to my needs. If the clinic isn't the right fit, the clinician will work with me to recommend other more suitable services. If the clinician and I decide the clinic is suited to my needs, a treatment plan will be developed together and my voluntary attendance will be considered consent to treatment, which I may withdraw at any time.
4. The clinic is unable to provide services, assessments or reports for medico-legal, worker's compensation, family court, or other legal matters.
5. Due to ethical reasons, the service is not available to staff, students or the immediate family members of those enrolled in Psychology courses at UWA
6. The fees for individual therapy are $50 per session or $20 per session for full-time students/pensioners/concession card holders. Fees for group therapy range from no cost to $20 per session. Fees are paid the day of the appointment and are not eligible for Medicare rebates.
7. As a training clinic, a recording of each session is made, stored confidentially and securely and used for approved clinic training and research activities, and erased following that activity.
8. As a necessary part of providing a psychological service, personal information will need to be collected and recorded, this information is stored confidentially and securely in approved medical records systems and only accessed by my clinician or other staff of the service as necessary for providing the service.
9. Email communication may be used in my dealings with the clinic for providing information or scheduling appointments. Email may be used when necessary to correspond with other professionals for whom I have given written consent for my clinician to exchange information as part of my assessment and/or treatment. Whilst every effort will be made by the clinic to keep my information and contact with the clinic confidential, email cannot always be guaranteed as a secure form of communication. In addition, email should not be used for information of a time-sensitive or emergency nature, and I will make phone contact with the clinic in these circumstances. I understand I can decline the use of email communication with the clinic at any time, and I will make this request clear to clinic staff and my clinician.
10. Like all modern clinics information provided by clients who attend the clinic is collated in an anonymous fashion. This is part of the routine evaluation of the activities of the Robin Winkler Clinic. When information is collated, the data of many clients is grouped together, and names and other identifying information are not included. The data collected includes demographic information (e.g., age, gender, occupation), presenting issues (e.g., depression), and scores on questionnaires asking about psychological symptoms.

11. In order to comply with the Psychology Board of Australia Code of Conduct and the WA University Sector Disposal Authority, records are kept for sixty years after last client contact.
12. Clinic staff will safeguard my confidentiality and my relationship with the clinic will not be revealed to anyone without my prior written consent. However, under certain conditions, the clinic may be legally or ethically obligated to release information. These exceptions are:
    a. if there is suspected abuse (physical, sexual or neglect) of children, the aged, or the disabled,
    b. if there is the possibility for the client to harm themselves (e.g., suicide) or others. If a client is thought to be a high risk of suicide, family and/or relevant treatment services may need to be notified to provide the appropriate care. In instances where a client threatens homicide, we may have to notify the intended victim and police, or
    c. if a court-order compels us to release information.

If you have any questions about any of these procedures and wish to discuss them with a staff member before you sign the consent form, please call the clinic on **6488 2644.**

If you are willing to participate in these routine activities, then please sign the following.

I, _____ (your name) have read and understood the foregoing information and agree to the conditions.

Signature: _____ Date: ____ / ____ / _____

Please return this form to the Robin Winkler Clinic

Via email: **clinic-sps@uwa.edu.au**

Or post: **Robin Winkler Clinic, School of Psychological Science M304**
University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009