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

Overview

Client consent form from Western Sydney University, providing information about accepting psychological services from provisional psychologists under supervision, who are undertaking postgraduate training in clinical psychology.

Western Sydney University Psychology Clinics: General Information

Western Sydney University (**WSU**) provides confidential psychological services to clients in the community with low-cost psychological treatment and psychometric assessment services for children (6 years and above), adolescents and adults at the Western Sydney University Psychology Clinics. Services are provided by treating clinicians (**Clinicians**) who are provisionally registered psychologists currently undertaking post graduate training at WSU to become clinical psychologists and are supervised by fully accredited and experienced clinical psychologists.

Provisionally registered psychologists will:

- hold an undergraduate degree in psychology;
- be a provisional psychologist registered with the Psychology Board of Australia; and
- be enrolled in a postgraduate degree at WSU, which is itself accredited by the Australian Psychology Accreditation Council

Clinicians involved in the delivery of services may discuss aspects of client cases with other clinicians within the Psychology Clinic (including within group supervision forums) for training, assessment and reflective practice purposes, under the supervision of accredited clinical psychologists.

Session Recording and Supervision

All client sessions, whether conducted face to face or otherwise, will be subject to audio and visual recording for training and supervision purposes (**Session Recordings**). Supervisors will be able to watch all sessions live using this recording system.

All consultation rooms also contain backup audio and visual recording systems that are accessed if Session Recordings fail (**Backup Recordings**). Backup Recordings are carried out continuously, that is, 24 hours per day, 7 days a week.

Clients are informed that

- session recordings will not form part of their clinical record;
- recordings will only be accessed by authorised supervisors and staff for training, assessment, supervision, quality assurance or as required by law;
- clients may withdraw consent to recording at any time, however this may limit the Clinic's ability to continue providing services; and
- refusal to consent to recording will not disadvantage the client in future access to WSU services, and alternative services will be discussed.

Privacy Notice: collection, use and disclosure of personal and health information

In this form, "personal information" and "health information" have the same meanings as in the Privacy and Personal Information Protection Act 1998 (NSW) (PPIP Act) and the Health Records and Information Privacy Act 2002 (NSW) (HRIP Act) respectively. Personal information may include "Sensitive Information".

WSU will collect, store, use, retain and (as appropriate) destroy personal and health information in accordance with WSU's Privacy Policy and Privacy Management Plan. In particular, WSU will collect personal and health information from clients when they first complete a verbal intake assessment at the WSU Psychology Clinic and during the course of providing psychological services to them. This may include information that clients authorise WSU to obtain from third parties, such as the client's nominated medical professional.

WSU may collect personal and health information in various ways, including by way of Session Recordings and/or Backup Recordings, via a telehealth platform, in written case notes, and the use of ratings, scales and other psychological analysis, assessment and tracking tools.

WSU may use personal and health information, and may disclose it to third parties, for the following purposes:

- training clinicians, including teaching, supervising, assessing, and grading;
- facilitating Clinicians learning and peer-based education discussions;
- for research purposes, using de-identified information, where you have consented to your clinical data being used in de-identified form;
- for participation in specific research projects, where you have been provided with a separate consent form and have signed the same for that project;

- for general operational purpose in managing WSU Psychology Clinics; and
- for all related purposes.

WSU may also disclose a client's personal information and health information to third parties as required by law where:

- disclosure is necessary to prevent or lessen a serious and imminent threat to a client's health and safety;
- the client discloses knowledge of the neglect or abuse of a minor;
- the client indicates an intention to commit a serious crime;
- WSU is required or authorised by law to disclose it (for example, if the client's case records are subpoenaed by a court); and/or
- The client has been referred for treatment by a health professional and WSU wishes or is required to provide reports to the client's treating health professional to ensure coordination of the client's medical care.

Clients will be informed where practicable if such disclosures occur, unless prohibited by law or where doing so would place any person at risk.

Provision of telehealth services

Clients or their treating clinicians may request that sessions are conducted via telehealth platforms including communications via telephone or online telehealth software. Treating clinicians who provide psychological services using telehealth platforms will only do so using telehealth platforms operated from the WSU Psychology Clinics.

Clients are informed that there are greater risks associated with use of telehealth platforms, including, but not limited to, greater risks to confidentiality and session disruption due to technical errors. For best results and to manage confidentiality, clients should ensure that:

- They use a quiet room which is free from distractions for online sessions;
- They use a secure internet connection. Free publicly available Wi-Fi networks must not be used.

In the event of disruption to the telehealth connection, clients must provide a telephone number so that the treating clinician is able to contact them and discuss how to best progress the session. If this telephone cannot be reached within 5 minutes of a disruption to the service, an email will be sent to the client rescheduling the session.

Withdrawal from or termination of sessions

Clients may withdraw consent to receive the services, including the provision of telehealth services, at any time, by notifying the Psychology Clinic in writing. In addition, treating clinicians may choose to cease these sessions in the event that they are no longer considered appropriate for the client's specific needs. Withdrawal from sessions will not affect the relationship that clients have with the WSU Psychology Clinics or their future treatment at the Clinics. In the event that clients withdraw their consent, sessions (whether conducted face to face or via a telehealth platform) will resume when possible, or referral to another service will be made, depending on what is appropriate to the client's circumstances.

Retention and destruction of personal and health information

WSU will collect, store, use, retain and (as appropriate) destroy personal and health information as set out above and in accordance with WSU's Privacy Policy and Privacy Management Plan. Session Recordings will be destroyed 9 months after a client stops attending a WSU Psychology Clinic. Backup Recordings are retained on a 10-day deletion cycle unless the relevant Session Recording fails, in which case the relevant recording(s) will be kept for 9 months after a client stops attending a WSU Psychology Clinic and then destroyed. Health information will be archived 12 months after clients stop attending a WSU Psychology Clinic. Section 25 of the HRIP Act provides that health information must be retained by the WSU Psychology Clinic as follows:

- For health information collected while the client was an adult, for 7 years from the last occasion on which a health service was provided to the client by the WSU Psychology Clinic;
- For clients who are minors under 18 years of age, until the individual has attained the age of 25 years.

WSU may store personal information for longer than in accordance with its Privacy Policy and Privacy Management Plan.

Fees

WSU offers low cost service to clients at the WSU Psychology Clinics, whether provided via telehealth platforms or in face-to-face sessions in recognition of the fact that the psychological services provided include the provisions of instruction, supervision and assessment of training clinicians. Please refer to the WSU Psychology Clinics website for information about fees.

Client's details		Third parties (mandatory for client's seeking telehealth services only)	*Client's personal and health information will not be disclosed to these third parties unless they are listed below
Client Name		Emergency contact #1: name	
Date of birth		Emergency contact #1: contact details	
Email address		Emergency contact #2: name	
Residential address		Emergency contact #2: contact details	
Phone number / mobile		Treating medical professional (e.g. GP, paediatrician or psychiatrist) name	
		Treating medical professional contact details	
		Support person (e.g. family or friend) name	
		Support person contact details	

Client's acknowledgement and consent

By signing below, and ticking the applicable boxes, clients warrant that they have read, understood and acknowledge the content of this form. For clients who are under 16 years of age, a parent or guardian must co-sign with them. In the case of clients who do not have capacity, a parent or guardian may be the only signatory to this form.

Clients may discuss this form with the Clinic before they request psychological services. The WSU Psychology Clinics assist individuals who do not wish to provide the required consent to find an alternative therapist.

Please complete this form, tick all applicable boxes, and sign where indicated to confirm that you accept agree with this entire form and consent to provide your personal and health information to the WSU Psychology Clinics. By signing below, I confirm that I have been informed of:

- The nature and limits of confidentiality;
- My right to withdraw consent at any time;
- The risks and limitations associated with telehealth services;
- How session recordings are made, stored and destroyed; and
- My right to access and request correction of my personal and health information.

☐ I have read, understand and agree with this entire form.

☐ I consent to the collection, use, and disclosure of my personal information, including sensitive and health information, by WSU to/from the third parties specified on this form, for the purposes set out above.

☐ I consent to the use of my clinical information in a de-identified form for research purposes. I understand that my identifying details will be removed and that it will not be reasonably possible to link research findings to my identity.

☐ I consent to being contacted in the future regarding potential participation in specific research project. I understand that agreeing to be contacted does not oblige me to participate, and I may withdraw this consent at any time.

☐ I consent to my sessions with my therapist at the Clinic being audio and/or video recorded as described above;

☐ I consent to my sessions with my therapist being undertaken via the following telehealth platform (tick all that apply):

☐ email ☐ telephone ☐ online communication platform.

Note: Clients may ask questions or seek clarification about any aspect of this form at any time.

Client's details

Client name		Parent/guardian name	
Client signature		Parent/guardian signature	
Date		Date	

Third parties to whom personal and health information may or must be disclosed.

Name	Title	Contact details