



Parkside Counselling & Mediation Centre Privacy Statement

Parkside Counselling & Mediation Centre (PC&MC) needs to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess, diagnose and provide therapy, PC&MC needs to collect some personal information from you. If you do not provide this information; we may be unable to assist you. This information will also be used for:

- a. The administrative purpose of running the practice;
- b. Billing either directly or through an insurer or compensation agency;
- c. Use within the practice if discussing or passing your case to another practitioner within the practice for your ongoing treatment;
- d. Disclosure of information to your doctor, other health professionals or to teachers to facilitate communication and best possible care for you;
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

PC&MC has a Confidentiality & Privacy Policy that is available on request, on PC&MC website and in the waiting area. That policy provides guidelines on the collection, use, disclosure and security of your information. The Privacy Policy contains information on how you may request access to, and correction of, your personal information and how you may complain about a breach of your privacy and the process for addressing complaint.

To ensure the process of quality treatment provision, information about your assessment results and progress may be given to other relevant service providers, who are involved in your case management. These may include your doctor, teachers, specialists, insurers, solicitors or employers.

Information will only be shared with your explicit authority or in the case of a serious matter which may include concern for you safety, the safety of children and the safety of others

I, _____, have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed. I agree to that use and disclosure.

I understand that it is my choice about what information I provide and that withholding or falsifying information might act against the best interests of my assessment and therapy progress.

I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate.

I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.

I have been provided with or have been given an opportunity to obtain a copy of PC&MC confidentiality and privacy policy.

Signed.....

Date.....