**Confidentiality Agreement**

The Psychology Registration Board of the Australian Health Practitioner Regulation Agency have a code of professional conduct for clinical psychologists. According to these guidelines all sessions are in the strictest confidence. To further safeguard your personal information, any messages left for you at home or work will only specify my name and contact phone number, not the reason for calling. Details of your problem will only be discussed with your referring psychiatrist, GP or other referring body (for example in the case of workers compensation). The purpose of these discussions is to ensure that you are provided with the best treatment.

All personal information gathered by myself during the course of treatment will remain confidential and secure, except when:

* It is subpoenaed by a court, or;
* Failure to disclose the information would put you or another person at risk, or;
* Your prior approval has been obtained to a) provide a written report to another professional or agency, or b) discuss the material with another person (e.g. partner or employer).

I, (print name in BLOCK CAPITALS)

.........................................................................., have read and understood the above information. I agree to these conditions for the psychological service provided by Dr Jonathan D. Redmond.

Signature: ....................................................................

Date: ................................

Parent / Guardian: ……………………………………….

Date: ................................

Email: ……………………………………….

**Next of kin:**

Name: ……………………………………….

Number: ……………………………………….

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Please note: if after reading this letter you are at all unsure of what is written please discuss your concerns with me before signing.