Sophia Parnas Clinical Psychologist

Psychology Registration: PSY0001363207

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Consent Form

Psychological Service

As part of providing a psychological service to you, Sophia Parnas will need to collect and record personal information from you that is relevant to your current situation This information is a necessary part of the psychological assessment and treatment You do not have to give all your personal information, but if you don't, the psychological service may not be effective and may not be provided

Purpose of collecting and holding information

The information is gathered as part of the assessment, diagnosis and treatment of the patient's condition, and is seen only by Sophia Parnas The information is retained in order to document what happens during sessions, and enables Sophia Parnas to provide a relevant and informed psychological service

Access to client information

At any stage you are entitled to access the information about you kept in the file unless the relevant legislation provides otherwise. You can discuss appropriate forms of access with Sophia Parnas directly

Confidentiality

All personal information gathered by Sophia Parnas during the provision of the psychological service will remain confidential and secure except where:

- 1 It is subpoenaed by a court, or
- 2 Failure to disclose the information would place you or someone else at serious and imminent risk, or
- 3 Your prior approval has been obtained to
 - a) Provide a written report to another professional agency (e.g, GP or lawyer)
 - Discuss the material with another person, e g , a parent or employer; or disclosure is otherwise required or authorised by law

Fees and Cancellation policy

	If, for some
reason, you need to cancel your appointment, please give	
24hours notice, otherwise you may be charged the cost of	the session

I (print name) understood the above consent form the psychological service provided b	I agree to these conditions for
Signature Date	