

Kylie Hinde - Parent or Caregiver Consent Form

Professional Services

Assessment Services: Assessment is used to assist in answering referral questions and to guide recommendations and treatment. Assessments vary depending on the referral question, but could include:

- Administration of standardised tests and questionnaires;
- Interviews with parents/caregivers, teachers, medical or allied health providers, and other relevant professionals;
- Interviews with the child; and
- Observation of the child in various settings.

Treatment Services: Treatment involves the development and implementation of a psychological treatment plan that addresses the concerns of the parents/caregivers, and the needs of the child. Psychological treatment plans are developed collaboratively with the child and family. This may include completion of letters and reports where appropriate.

Confidentiality

In the course of the provision of professional services, it will be necessary to collect and record personal information relevant to your child's situation. This information will include written records and may also include photographic images and video or audio recordings. Information may also need to be collected from various sources including teachers, allied health and medical professionals.

All personal information gathered during the provision of services will remain confidential and secure. Information will be released only when:

- Subpoenaed by a Court;
- Failure to disclose information would place your child or another person at risk; or
- Your prior approval has been given to:
 - Provide a report to another professional or agency
 - Discuss the material with another professional or agency.

I have read and understood the above information. I agree to these conditions for the service provided by Kylie Hinde.

Child's Name

Name of Parent/Caregiver

Signature

Date

I give consent for Kylie Hinde to discuss my child with the relevant professionals or agencies/organisations listed below and to provide reports and/or treatment updates where appropriate.

1. _____
2. _____
3. _____
4. _____

Name of Parent/Caregiver

Signature

Date