



glenhavenequineconnect@gmail.com

glenhavenequineconnect.com.au

81 Goodwin Road, Two Mile, 4570, QLD

PRIVACY AND CONFIDENTIALITY CONSENT FORM

Everything you discuss with your Glenhaven Equine Connect Specialists will be kept confidential, HOWEVER, LIMITS TO CONFIDENTIALITY WILL APPLY IF THE SPECIALISTS HAVE CONCERNS IN RELATION TO THE SAFETY OF EITHER YOURSELF OR A THIRD PARTY. In this instance, the specialists will, wherever possible, share their concerns with you and advise who they will need to notify in relation to these concerns. This may include, but not be limited to, police, Child Safety, and/or another service provider. Information may also be shared with the specialists professional supervisors for the purpose of ensuring the highest stand of service is being provided to you.

Case notes will be recorded following each session and maintained in a file along with any additional correspondence and/or documents relevant to the provision of our Counselling service to you. Files will be stored securely, and remain the property of Glenhaven Equine Connect. As such, the content of files will not be shared with anyone external to the service without your prior approval. The only exception to this policy is when case notes are subpoenaed by law and/or in relation to safety concerns as identified above. As required by law, files are held for a period of seven years for adults and seven years past a child turning 18 for child clients. After this period, files are securely destroyed.

Consistent with the Federal Privacy Principle 6, you have the right to access the information contained within your file, however, access to this information can be denied or restricted if it will pose a serious threat to the life or health of another person, or have an unreasonable impact upon the privacy of other individuals. If you wish to access your file, the request must be made in writing directly to Glenhaven Equine Connect Managers.

Please feel free to discuss any concerns or ask any questions you may have in relation to your file with your specialists.

I, _____ DOB _____ confirm that I have read and understood the above information, and consent to engage in services with Glenhaven Equine Connect.

I, _____ DOB _____ confirm that I have read and understood the above information, and provide consent for my child to engage in services with Glenhaven Equine Connect.

Signature of Client:

Date:

Signature of Parent/Carer:

Date: