



Note:

- A new Client Consent Form is required for each Episode of Care.
- A client's consent form lapses when an Episode of Care is closed. Consent is valid for the current Episode ONLY.
- A new Client Consent Form must be completed if changes are required by the client during an Episode of Care.
- Consent can be withdrawn by a client at any time.
- The client must be given a copy of the signed Client Consent Form, if requested.
- The clinician is to scan the signed form and attach it to the client's electronic record.
- Information collected will be used by Open Arms for the purpose of providing counselling services to you.

Privacy notice

- Information collected on this form is for the purpose of providing Open Arms counselling services to you. Such services may include individual, couple and family counselling; after hours crisis telephone counselling, case management services, group programs and a range of other focussed programs and other support. Further information on these services can be found at www.openarms.gov.au
- Open Arms services are provided pursuant to section 92 of the *Veterans' Entitlements Act 1986*.
- Information collected on the form may be disclosed to persons and/or organisations identified by you on this form or otherwise as authorised by the *Privacy Act 1988*.
- You are able to withdraw your consent to the disclosure of your information to the below nominated persons/organisations at anytime.

I (client name)

of (full address)

for the period of the episode of care commencing on / / (date)

give Open Arms or their appointed Contract Service Provider my consent to obtain from or provide information to the following stakeholders and health care professionals/agencies:

	Name	Phone No.	Regarding (specify any limits to information that can be shared)
Next of kin	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatrist	<input type="text"/>	<input type="text"/>	<input type="text"/>
GP/MO	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allied Health	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other/s (specify role)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current serving Defence clients only - when referred under the Agreement for Services, reports are required to be provided to the referring officer			
Defence Medical Officer	<input type="text"/>	<input type="text"/>	<input type="text"/>
Defence Psychologist	<input type="text"/>	<input type="text"/>	<input type="text"/>

I understand that I can withdraw my consent at any time.

Client signature

Date

Clinician signature

Date

NB: The clinician must scan the signed form and attach it to the client's electronic record