Secondary School Psychology Service -- Confidentiality and Consent (Student Form)

When you see the School Psychologist we want you to understand confidentiality and give your consent, which means that you understand and agree with how personal information about you will and won't be shared. This is how confidentiality and consent works at this school.

We know that confidentiality is very important to young people and that if you feel that confidentiality might be broken, it might stop you from getting help. We want to help all young people at our school feel confident to talk about personal issues, especially those issues that may be affecting how they are learning at school.

Confidentiality means keeping personal information private and safe. This information includes things that young people talk about with the School Psychologist and the information that is recorded on your file, including our assessment and recommendations. It may also include information that parents, teachers or other key staff or services share with the School Psychologist. You can talk to the School Psychologist if there is information on your file that you want to see.

If the School Psychologist believes that you understand how confidentiality and consent works, you can see the School Psychologist at your own request. We prefer it if your parent or carer knows that you have asked to see the School Psychologist. We may need to share some information with your parents and we will always try and talk to you about this.

To help you do your best at school your parents, teachers and other key staff may suggest that you see the School Psychologist. We generally ask them to let you know what they are concerned about as well as providing the School Psychologist with referral information.

It is also important that they hear from the School Psychologist about what they think would be helpful for you. This means that when you talk to the School Psychologist they may also provide key people with brief information that they need to know.

The school has responsibility to know where you are at all times so education staff may be told when you are attending an appointment.

If we believe that you need assistance from another service or if we need to share information with another service, we will ask for your consent or permission. Our confidentiality agreement can be broken if we are concerned that you are: (1) At risk of harming or killing yourself; (2) Being harmed, or at risk of being harmed; or, (3) Harming someone else or at risk of harming someone else.

Confidentiality might also be broken for legal reasons like a court subpoena or other statutory requirements such as child protection. The School Psychologist may not always be able to talk with you about breaking confidentiality; to explain what they'll share, who they'll tell, and why. While the School Psychologist is not able to guarantee the outcome of any disclosures they will stay involved with your care and support.

Student Consent

I agree that the School Psychologist has explained confidentiality and consent to me and I have read and understand the conditions outlined above and consent to seeing the School Psychologist.

Name of Student ……

Signature of Student …… Date ……

Consent for the Exchange of Information

I agree that the School Psychologist can exchange information relevant to my care with my General Practitioner (GP) or other Medical Specialist.

Name of Student ……

Signature of Student …… Date ……

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……

Consent for the Exchange of Information (continued)

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……

I agree that the School Psychologist can exchange information relevant to my care with the following service:

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Name of Student ……

Signature of Student …… Date ……