Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES

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PRACTICE INFORMATION

This Notice of Privacy Practices outlines how your personal and health information is collected, used, stored, and disclosed by [Your Name], a Registered Mental Health Counsellor, in accordance with the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth). This document is intended to inform you about how your information is handled to ensure your privacy and confidentiality.

1. Introduction As your mental health counsellor, I am committed to protecting the privacy and confidentiality of your personal and health information. This notice provides details regarding the collection, use, and disclosure of your information, and explains your rights in relation to your information.

2. Collection of Information I collect personal information that is necessary to provide counselling and mental health services to you. This may include: Your name, address, contact details, date of birth, and gender Health information including your mental health history, treatment history, and current health concerns Other relevant information that you choose to share with me during the course of our sessions

3. Use and Purpose of Information Your information is used to: Provide you with counselling services and mental health support Monitor and assess your progress Ensure continuity of care (including referrals or collaboration with other healthcare professionals when necessary) Comply with legal and professional obligations, including the requirements set out by professional regulatory bodies

4. Storage of Information Your personal and health information will be securely stored, either in paper records or electronically, in accordance with the highest standards of security. I maintain strict confidentiality, and your records will be accessible only to me or to those with your consent or as required by law.

5. Disclosure of Information In some situations, I may disclose your information to others. These situations include: With your written consent (e.g., to share information with other health professionals involved in your care) When required by law, such as in the event of a court order or legal proceeding To ensure your safety or the safety of others, such as if there is a risk of harm to yourself or others In cases where there is a mandatory reporting obligation (e.g., child protection concerns) I will, where possible, inform you before any disclosure is made.

6. Your Rights and Choices You have the right to: Access your personal information held by me Request corrections to your personal information if you believe it is inaccurate or incomplete Withdraw consent for the use or disclosure of your information at any time, with certain exceptions as required by law Ask any questions or raise concerns about how your personal information is handled

7. Confidentiality I am committed to maintaining your confidentiality. Information shared within counselling sessions is generally kept confidential, with exceptions noted in section 5. If you have concerns about confidentiality, please feel free to discuss them with me at any time.

8. Complaints If you have any concerns about how your personal information is being handled, or believe there has been a breach of privacy, you have the right to lodge a complaint. Complaints may be made directly to me or to the Office of the Australian Information Commissioner (OAIC).

10. Acknowledgement By continuing to receive services, you acknowledge that you have been provided with this Notice of Privacy Practices and that you understand how your personal and health information will be used and protected.

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

Under the Australia's Privacy Act 1988, you have certain rights regarding the use and disclosure of your protected health information.

By signing below, you are acknowledging that you have received a copy of Australia's Privacy Act 1988 Notice of Privacy Practices:

Date: _____ dd / mm / yyyy **Client Name/Guardian Name:** _____