Client Consent & Privacy Policy

Including Collection, Management and Disclosure of Personal Information

This document outlines your rights and responsibilities as a client of Growth Psychology Consulting. It includes important information about the collection, management, and disclosure of your personal information. We seek your informed consent to receive psychological services in line with professional, legal, and ethical standards.

Growth Psychology Consulting is bound by the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which govern how we handle personal information.

1. *Personal Information*

We collect personal information during the intake process and throughout treatment. This includes your name, date of birth, address, contact details, Medicare or insurance information.

Use of AI Dictation and Note-Taking Tools

To assist in accurate and timely clinical documentation, your psychologist may use a secure, AI-powered dictation and note-taking tool. This may involve the temporary recording or transcription of session content or voice notes. These recordings are used solely for creating accurate case notes and are stored and processed in accordance with strict privacy and security protocols. We only use services hosted by providers that comply with Australian privacy law and employ appropriate data protection measures, including encryption and restricted access.

You have the right to opt out of the use of such tools at any time. Please speak to your psychologist if you have any questions or concerns.

2. *Purpose of Holding Information*

Information is gathered to provide assessment, diagnosis and treatment of your condition and to document your treatment journey. This allows your psychologist to offer safe, informed, and personalised psychological care.

3. *Disclosure of Personal Information*

All personal information collected is confidential and will not be shared without your consent, except in the following circumstances:

- Where there is a legal obligation (e.g. subpoena, court order)
- Where there is a serious risk to your safety or the safety of others, particularly children.
- Where required by law (e.g. mandatory child protection reporting)

Third-Party Technology Providers

In using digital tools such as practice management software and AI transcription services, limited information may be disclosed to third-party service providers solely for the purpose of clinical documentation and data storage. These providers are contractually bound to protect your information in line with Australian privacy regulations.

We do not disclose personal information to overseas recipients unless explicitly agreed upon.

4. *Access to Personal Information*

You may request access to your personal information at any time. Requests must be made in writing and will be responded to within 14 days. In some cases, access may be denied as per Australian Privacy Act, Principle 12, in which case the reasons will be provided. You may also request corrections to information that is inaccurate or outdated.

5. *Nature of Psychological Services & Informed Consent*

Psychological services may involve discussing sensitive topics and exploring emotional distress. While this can occasionally be uncomfortable, it may lead to improved wellbeing, insight, and personal growth.
You have the right to:

- Ask questions at any time
- Refuse specific interventions
- Withdraw from treatment at any time

Your psychologist will work collaboratively with you to ensure services align with your goals and values.

6. *Concerns or Complaints*

If you have concerns about how your information is handled, please speak with our Principal Psychologist or contact us at: info@growthpsychologyconsulting.com.au. If unresolved, you may contact the **Office of the Australian Information Commissioner (OAIC)**:

- Online: OAIC Complaint Form
- Email: **enquiries@oaic.gov.au**
- Mail: GPO Box 5218, Sydney NSW 2001
- Fax: (02) 9284 9666

7. *Consent Declaration*

Please read and sign below to confirm you have understood and agreed to the terms of this document.

I, _____ (full name), confirm that:

- I have read and understood this Client Consent & Privacy Policy
- I understand how my personal information will be collected, stored, and used
- I understand that AI-based tools may be used to assist with clinical note-taking
- I understand the limits of confidentiality
- I consent to engage in psychological services with Growth Psychology Consulting
- I understand I may withdraw consent at any time

Signature: _____ Date: _____

Psychologist Signature: _____ Date: _____