

Rayze Consent Form Information - 16 years and over



ABOUT US

Rayze Pty Ltd is a multidisciplinary allied health service provider. This is when professionals from a range of disciplines work together to deliver comprehensive care that addresses as many of the client's needs as possible.

Our team can consist of Psychologists, Speech Pathologists, Occupational Therapists, Exercise Physiologists, Dietitians and Therapy Assistants (referred to as clinicians in this document).

Sometimes it will be necessary to share your information between your clinicians for the benefit of your care and treatment. If you do not wish for clinician's to share information between other therapists at Rayze, please inform the therapist directly.

With your consent, your information may be shared with providers external to Supersaurus; this may include your Doctor, employer and other treating professionals.

For further information on our Policies and Codes of Conduct, please refer to our website – www.supersaurus.com.au.

PRIVACY POLICY

Your Privacy is respected at all times. We will not share this information unless we need to. We might share this information without consent if the law says we have to, or to keep you safe. To give us consent to exchange information, please complete the table below.

PERSONAL INFORMATION

As part of providing therapy to you or your dependant, Rayze needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history and other relevant information as part of providing psychological services to you. This collection of personal information will be a necessary part of the therapeutic assessment and treatment that is conducted.

PURPOSE OF COLLECTING AND HOLDING INFORMATION

Your personal information is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your clinician and the authorised personnel of the practice (as necessary). Your personal information is retained in order to document what happens during sessions, and enables the clinician to provide a relevant and informed service to you.

CONFIDENTIALITY

All personal information gathered by the clinician during the provision of the therapeutic service will remain confidential and secure except where:

1. It is subpoenaed by a court,
2. Failure to disclose the information would place you or another person at serious and imminent risk; or
3. Your prior approval has been obtained to: a) provide a written report to another professional or agency; or b) discuss the material with another person, eg. a CoS or other agency; or c) if disclosure is otherwise required or authorised by law.

Authorisation to EXCHANGE Information



CLIENT DETAILS:

First Name:

Surname:

Date of Birth:

Mobile Number:

Email Address:

Gender:

Preferred Pronouns:

REPRESENTATIVE DETAILS:

Please complete if you are the Parent/Carer/Guardian/Representative. Leave BLANK if you are completing this for yourself

Representative 1 First Name:

Representative 1 Surname:

Relationship:

Mobile Number:

I am the Legal Representative for the Client:

Representative 2 First Name:

Representative 2 Surname:

Relationship:

Mobile Number:

I have read and understood the Supersaurus Consent to Exchange Information guides and agree that Rayze Pty Ltd can exchange information with the following parties (please list):

SCHOOL:

If you are not at school, please write NA

School Name:

Teacher:

Email:

Phone Number:

EMPLOYER:

If you are not employed, please write NA

Employer Name:

Position:

Email:

Phone Number:

OTHER ADULT:

This may include a Parent, Partner, Sibling - Therapists & Supports are to be listed on the next page.

Name:

Relationship

Email:

Phone Number:

OTHER ADULT:

This may include a Parent, Partner, Sibling - Therapists & Supports are to be listed on the next page.

Name:

Relationship

Email:

Phone Number:

Authorisation to EXCHANGE Information

I have read and understood the Supersaurus Consent to Exchange Information guides and agree that Rayze Pty Ltd can exchange information with the following parties (please list):



Co-ordinator of Supports: *if applicable

Full Name:

Company:

Mobile:

Landline Number:

Email Address:

Support Worker: *if applicable

Full Name:

Mobile:

Email Address:

Doctor/ Therapist 1:

Full Name:

Mobile:

Email Address:

Type of Therapist:

Doctor/ Therapist 2:

Full Name:

Mobile:

Email Address:

Type of Therapist:

Doctor/ Therapist 3:

Full Name:

Mobile:

Email Address:

Type of Therapist:

Doctor/ Therapist 3:

Full Name:

Mobile:

Email Address:

Type of Therapist:

Doctor/ Therapist 4:

Full Name:

Mobile:

Email Address:

Type of Therapist:

If you require more room, please attach a blank piece of paper.

Name:

Date:

Signature: