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Adult Consent Forms

Privacy Statement to Collect and Share Information

Patient's name: _____

Patient's Date of Birth: _____

We request that you complete this form in order for us to share your information with other professionals associated with your care. Under the Australian Psychological Society Code of Ethics 2007, we are required to obtain informed consent to gather information from parties as well as share information with those associated with your care. We will safeguard the confidentiality of information obtained during and following our provision of psychological services. Only information that is necessary to achieve the purpose of the disclosure will be released; all other patient information will be kept confidential.

I give consent for Dr Hyman and/or the employees of the Sydney Cognitive Development Centre to communicate with the following individuals, as well as information to be disclosed to the SCDC. (Please write the individuals in the spaces provided below)

- _____
- _____
- _____
- _____
- _____
- _____

I authorise the use and/or disclosure of the following private information, including but not limited to:

- Results of any testing conducted by the Sydney Cognitive Development Centre and any of its employees
- Results from any questionnaires completed on the patient as part of the assessment
- Confidential information discussed by the parent and/or patient during the course of the evaluation
- A copy of the report, which may include all of the above

I understand I have the right to revoke this authorisation at any time. I understand that in order to revoke this authorization I must do it in writing, and that the revocation will not apply to information that has already been released. I understand that this authorisation is voluntary and that I can refuse to sign this authorization. I can also amend this authorisation by limiting either the information that can be released or the individuals that this information can be released to.

Patient's name (please print): _____

Patient's signature: _____

Date: _____