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CONTACT FORM

ALL PERSONAL INFORMATION GATHERED DURING THE SESSION REMAINS CONFIDENTIAL AND SECURE UNLESS:

1. SUBJECT TO SUBPOENA BY A COURT
2. THERE IS A RISK OF HARM TO SELF OR OTHERS
3. APPROVAL IS GIVEN BY YOU PROVIDE A WRITTEN REPORT TO ANOTHER PROFESSIONAL
4. APPROVAL IS GIVEN BY YOU TO DISCUSS A MATTER WITH A NON-PROFESSIONAL (E.G. FAMILY)

NAME(S)

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ADDRESS

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CONTACT

MOB:.....

EMAIL:.....

SIGNATURE(S)

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YOUR RIGHTS:

[HTTP://WWW.CAPA.ASN.AU/ABOUT.HTML](http://www.capa.asn.au/about.html) OR
NSW HEALTH CARE COMMISSION: 1 800 043 159