



JOHN WOODCOCK Ph.D

ANITA HANSEN MCFT BSW AMHSW

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)

FOR COUPLES IN JOINT COUPLES THERAPY™ : ALL COMMUNICATIONS TO/FROM ANITA & JOHN WILL BE CC'D AMONG THE FOUR OF US.

NAME(S) .....

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ADDRESS

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MOB:.....

CONTACT

EMAIL:.....

SIGNATURE(S) .....

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