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### CONFIDENTIALITY 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) .....

ADDRESS .....

CONTACT MOB:.....  
EMAIL:.....

SIGNATURE(S) .....

### FOR JOINT COUPLES THERAPY (JCT)

IF YOU ARE SEEING ANITA AND/OR JOHN INDIVIDUALLY AS WELL AS FOR JCT WE ASK YOUR PERMISSION TO COLLABORATE WITH EACH OTHER FROM THE INDIVIDUAL SESSIONS.

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