

Mithrah Holistic Services



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Web: WWW.mithrah.com Email: Contact@mithrah.com

Consent form to release Information about the client

Due to confidentiality and privacy policy, Mithrah Holistic Services cannot release any information provided during assessment and treatment with mental health team members and stakeholders unless you explicitly give your written consent. You have the right to revoke consent or part of consent at any time for the release of information to any third parties. Please feel free to discuss with your therapist to clarify any doubts before signing this form.

In order to provide the optimum service for you, you are required to sign the following consents. Please sign the relevant consents that are appropriate for your service:

1. I, _____(name)_____, hereby give consent for Mithrah Holistic Services to take notes during the sessions and keep these in a confidential file, both electric and/or manual.

Signature..... Date.....

2. I, _____(name)_____, hereby give consent for Mithrah Holistic Services to liaise with other health professionals (e.g., the referring GP, psychiatrist, psychologists, mental health community workers, mental health social workers and other mental health professionals) and key stakeholders such as community workers, case managers, government organizations in order to provide the best services for my needs.

Signature..... Date.....



3. I, _____(name)_____, hereby give consent Mithrah Holistic Services to discuss aspects of my diagnosis and/or treatment in peer supervision/consultation.

Signature..... Date.....

4. I, _____(name)_____, hereby give consent for Mithrah Holistic Services to share my details with key stakeholders such as family members

_____ in order to provide the best services for my needs.

5. I, _____(name)_____, hereby give consent for Mithrah Holistic Services to record the case notes of sessions or save the case notes of sessions in digital and/or manual storage systems and platforms. While Mithrah will take all endeavours to provide security and safety to my confidential information, I am also fully aware that there is always a risk on a digital and/or manual storage system and online platform where confidential data about clients like me can be hacked by people with malicious intent which is beyond the control of Mithrah Holistic Services or my therapist.

Signature..... Date.....

Verified by:

Therapist Signature..... Date.....

Therapist Name.....



I, _____(name)_____, request that Mithrah Holistic Services is not to disclose confidential information to: (please list the names of people, organizations or entities specifically who you do not want the information to be shared with)

Signature..... Date.....

Consent Revoked on: _____

Verified by:

Therapist Signature..... Date.....

Therapist Name.....

