

## With Intention Therapy

Louise Pearson

M: 0412316970

E: [admin@withintention.com.au](mailto:admin@withintention.com.au)

ABN: 90 387 220 184

PO Box 22 Luddenham NSW 2745

## CONSENT FORM

Client Name: \_\_\_\_\_

Client Claim/Reference: \_\_\_\_\_

This document is designed to inform you about consent and service provisions with Louise Pearson of With Intention Therapy (ABN 90 387 220 184).

As part of providing Case Management services to you, Louise Pearson of With Intention Therapy will be required to collect and record personal information that is relevant to your situation. This may include and is not limited to your name, contact details, medical history, allied health reports and other relevant information as appropriate. Your informed consent must be obtained prior to the commencement of services. Please be aware that withdrawing consent to share relevant information may limit or prevent the provision of case management and coordinated support services under the iCare Lifetime Care and Support Scheme.

### Confidentiality

Your information will not be provided to any third parties unless written consent is agreed to. There is an exception, however, to this if there are concerns around the safety of yourself or third parties. Louise Pearson of With Intention Therapy is a mandatory reporter in accordance with the *Children and Young Persons (Care and Protection) Act 1998 (NSW)*.

### After Hours and Emergency Support

Louise Pearson of With Intention Therapy does not provide after-hours or emergency support. Due to the nature of our work, at times, Louise may not be able to answer calls or respond to text messages/emails immediately; however, we will endeavour to return contact as soon as practicable. If support is required outside usual business hours or for emergency purposes, please contact:

- Emergency 000
- Beyond Blue 1300 224 636
- Lifeline 13 11 14
- Mental Health Crisis Helpline 135 247
- Suicide Call Back Service 1300 659 467

### Cancellation Policy

We understand that sometimes unexpected events may arise, necessitating changes to your plans. To ensure the smooth operation of our services, we kindly request that all appointment cancellations or rescheduling requests be made with at least 24 hours' notice during business hours.

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### Written consent

I, \_\_\_\_\_ give my consent for Louise Pearson of With Intention Therapy an approved Case Manager under the iCare Lifetime Care and Support Scheme, to collect, use, and disclose relevant health and personal information about me.

This may include information from or to my medical practitioners, allied health providers, hospitals, rehabilitation services, iCare staff, and any other relevant service providers involved in my care.

The purpose of this information sharing is to facilitate and coordinate services under the Lifetime Care and Support Scheme, including assessment, planning, rehabilitation, and case management activities.

I understand that my information will be handled in accordance with applicable privacy laws, including the Privacy Act 1988 and the Health Records and Information Privacy Act 2002 (NSW), and only used for the above stated purposes.

I understand that this consent will remain valid until it is withdrawn in writing by notifying my Case Manager, or reviewed as part of ongoing care planning, or at least annually.

Name	Organisation	Contact details	Consent Yes or No	
	GP -		Y	N
	BIRU -		Y	N
	iCare Lifetime Care & Support Authority		Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N
			Y	N

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The providers listed here are those currently involved in my care; however, I understand that the individuals or organisations involved in my treatment, rehabilitation, or support may change over the course of my plan. I consent to the sharing of relevant health and personal information with any future providers as reasonably required to support my participation in the iCare Lifetime Care and Support Scheme.

Client Name:

iCare Approved Case Manager:

*Louise Pearson*

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Signed by Parent/Guardian:

*With Intention Therapy*

*[louise@withintention.com.au](mailto:louise@withintention.com.au)*

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Signature & Date:

Signature & Date:

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