



Connections WA: Counselling, Psychology, Occupational, Speech and Play Therapy
A: 11/2 Blackburn Drive, (entrance Helmsshore Way), Port Kennedy, Perth. 6172
E: admin@connections-wa.com.au
W: connections-wa.com.au
ABN: 34 817 089 184
T: 9524 6491

Authority to engage in services and exchange information (obtain and release)

Authority to engage in Connections WA services

Name of client.....Date of birth.....

Ibeing the legal Guardian(s) of the above, consent to engage in the services of Connections WA and the team.

I have read the Connections WA Welcome letter and fully understand the expectations for payment and the cancellation policy.

We/I understand that our therapy at Connections WA may include clinical interviews and discussions with parents/guardians, teachers, other agencies or professionals. The services may also include direct psychological assessments, observations, counselling, and the provision of reports or letters and feedback. Please note that some assessments and reports may incur additional fees. Please see the website for further details and or discuss with your therapist.

We/I.....being the legal Guardian hereby, give consent for my Son/Daughter to engage in the services of Connections WA.

Sign:.....Name:.....Date:.....

Sign:.....Name:.....Date:.....



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Authority to exchange information

Name of client.....Date of birth.....

We/I consent that Connections WA may obtain or release information (written or verbal) regarding my Son/ Daughter with relevant third parties e.g., Doctors, Schools, Pediatricians were appropriate.

We/I.....being the legal Guardian hereby, **(Please circle)**: do not provide consent **or** provide consent for Connections WA to exchange information with other third parties as described above. Some third parties may not be named below.

Name and address of Organisation/Professional	Telephone number	Type of service (speech/ psychology/GP)

Sign:.....Name:.....Date:.....

Sign:.....Name:.....Date:.....

You have the right to withdraw permission at any time by contacting the therapist directly or through the office. This form will expire within two years.

Thank you, the Connections WA team