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## NOTICE OF CONSENT

I, ....., understand that all information gathered by Fiona Murray in the course of her providing to me the psychological service for which I have consulted her, will remain confidential and secure **except when:**

1. It is **subpoenaed** by a court of law.
2. Failure to disclose the information would put me or another person at **risk**.
3. **I request** that a report be provided to another agency, e.g. a GP, lawyer or prospective employer.
4. **I agree** to material being discussed with or provided to another person, e.g. a GP, parent or employer.

I am aware that brief reports are required to be provided to the referring GP at various intervals if I am to benefit from Medicare rebates.

Signed: .....  
Date: .....