

Informed Client Consent for Instep EAP

I understand that any personal information that we discuss during our sessions is confidential. This information will not be disclosed to any other individual or organisation without my expressed permission unless there are exceptional circumstances. Disclosure is only to prevent or lessen a serious threat to public safety or the life or health of any individual.

I am also aware that my provider will collect and store my information as part of my clinical record. This information will remain confidential and will be kept within the provider's records in accordance with the Privacy Act 2020 and any amendments.

Information shared with Instep EAP is about session dates and attendance. If more sessions are requested, a form will be completed for your company EAP contact outlining the primary concern and reason for requesting more sessions and goals to be achieved. Your name will only be shared with the company EAP contact if there is a risk identified, which will be discussed with you beforehand, wherever possible.

If you are unable to attend or need to reschedule a session, please notify the Provider at least 24 hours before the session or as soon as possible. If you cancel within 24 hours of the appointment or do not attend the session, it will count towards one of your session entitlements.

I understand that I have the right to withdraw this informed consent at any time throughout the therapeutic process.

SIGNED for and on behalf of Client	
Client Name	
Signature	
Date	
SIGNED for and on behalf of Instep Provider	
Provider Name	
Signature	
Date	