

Consent Form for Authorised Representation

This form authorises someone you trust to book and cancel appointments on your behalf.

I, _____, hereby authorise and appoint my parent / guardian / other relationship (circle), _____, to act as my authorised representative for arranging and managing appointments on my behalf.

This authorisation allows the representative to:

- **Booking Appointments:** Contacting the psychologist's office and booking appointments on my behalf.
- **Cancelling Appointments:** Contacting the psychologist's office and cancelling appointments on my behalf.

This does not allow the representative to:

- Receive or discuss information about my **therapy sessions, treatment plans or progress**.
- **Consent to or refuse** treatment options recommended by the psychologist.
- Access any other information related to my **psychological care**.

I understand that this authorisation is **voluntary and can be revoked at any time** by me in writing. Revocation does not affect any actions taken prior to the receipt of the revocation notice.

Authorisation Details

Client Name: _____

Nominated Authorised Representative's Name: _____

Relationship to Client: Parent / Guardian / Other Relationship (circle)

Nominated Authorised Representative Contact Information: _____

I hereby acknowledge that I have read and understood the terms of this consent form and voluntarily authorise my parent / guardian / other to act as my authorised representative for arranging and managing psychology appointments on my behalf.

Signed (client):

Date:

Client name:

Record of client consent



Questions about this form?

Call us on **03 9851 8200** or email **info@brainbuddycare.com.au**