

Sophia Parnas
NSW registration: PS0081247
South Maroubra Medical Practice
Medicate Provider: 2851783B
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Consent to Release Information

Due to confidentiality, Sophia Parnas cannot release any information provided to her during assessment and treatment unless you give your written consent.

In order to provide the best treatment for you it is advisable that you sign the following:

1. I hereby give consent for S. Parnas to take notes during the sessions and keep these in a confidential file.

Signature..... Date.....

2. I hereby give consent for S. Parnas to liase with other health professionals (e.g., the referring GP) in order to provide the best service.

Signature..... Date.....

3. I hereby give consent for S. Parnas to discuss aspects of my diagnosis and/or treatment in peer supervision/consultation.

Signature..... Date.....