



# Transformative Psychology

helping people transform their lives

**Charles Thermos** MPsych, MAPS, FCCOUNP  
Counselling Psychologist / PsyBA Approved Supervisor

**Medicare Provider** 2653733W  
**Psychology Board of Australia** No. PSY0001120915  
**Australian Psychological Society (APS) / APS College of Counselling Psychologists** Member No. 020210

## Consent to Share Information - Private & Confidential - Updated 01.12.2025

### Client details

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Charles Thermos has discussed with me how and why certain information about me may be shared with other service providers, as listed below. I understand this and give my consent for the information to be shared. This consent remains current for the period of \_\_\_\_\_ and will be revisited, as required.

<u>Consent to share information</u>		
Personal information to be shared (including exceptions)	Name of service/agency or person who information will be shared with	Purpose of information sharing

☐ **Written consent obtained**

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☐ **Verbal consent obtained** **Date:** \_\_\_\_\_

Charles Thermos has discussed with the above-mentioned client how and why certain information may be shared with other service providers, as listed. The client demonstrated sufficient understanding of this information and provided informed consent for this to occur. The client agreed that this consent remains current for the period of \_\_\_\_\_ and will be revisited, as required.

**Transformative Psychology** 244 Malvern Road, Prahran, VIC, 3181 M 0438055565



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☐ **Authorised decision maker**

I am the authorised decision-maker for the above-mentioned client. It has been discussed with me how and why certain information about the client may be shared with other service providers, as listed. I understand this and give my consent for the information to be shared. I understand that this consent remains current for the period of \_\_\_\_\_ and will be revisited, as required.

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Consent obtained by Charles Thermos (psychologist)**

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_