

Psychotherapy Written Case – Patient consent form

To be used by trainees submitting a Psychotherapy Written Case under the Fellowship Regulations 2012.

Note: It is the trainee's responsibility for safe keeping of this form as per local Department of Health protocols.

I, _____, (*patient's name*) hereby consent to allow
Dr _____ (*name of doctor submitting the case report*) to use my
de-identified case notes and other medical files/related materials to inform a case report to be submitted to the
Royal Australian College & New Zealand College of Psychiatrists for the purpose of assessment of the
submitting doctor.

I understand that the doctor providing my clinical care is undertaking training in psychiatry and that routine
clinical notes will be kept in accordance with the hospital or clinic's usual standard. I understand that the clinical
care provided by this doctor will be supervised as part of the training process and that the supervision will take
the form of one or more of the following (*delete where not applicable*):

1. The sessions will be recorded by the doctor in handwritten notes.
2. The sessions may be audiorecorded by the doctor.
3. This session material will be presented to the supervisor as part of the training process.
4. The handwritten notes will be read, or the audiorecorded material played, to a small number (four or five) of
other doctors who are also undergoing supervision as part of the training process.

I provide this consent on the undertaking given by the doctor (as signed below) that:

- The handwritten notes or recorded sessions will be kept in accordance with relevant privacy laws.
- In group settings, my surname will not be mentioned or a pseudonym will be used.
- The material (referred to in points 1 and 2 above) will be destroyed as per legal requirements to protect confidentiality.

Patient name (print)

Signature Date

Patient's legal guardian (*if applicable*)

Signature Date

Trainee name (print)

Signature Date