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# Shona Scallan

## PSYCHOLOGIST

Reg No. PSY0001579565

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### Management of Personal Information Policy

This document describes the policy for the Psychological Services provided by Shona Sarah Scallan for the management of the practice's client's information. The psychological service is bound by the legal requirements of the National Privacy Principles from the Privacy Amendment (Private Sector) Act 2000.

#### Client Information

Client files are held in a secure filing cabinet, which is accessible only to authorized personnel. The information on each file includes personal information such as name, address, contact phone numbers and other information, which is relevant to the psychological service being provided.

#### Purpose of holding information

The information that is gathered is part of the assessment, diagnosis and treatment of the client's condition and is seen only by the psychologist. The information is retained in order to document what happens during sessions and enables the psychologist to provide a relevant and informed psychological service.

#### Requests for the access to client information

At any stage clients may request to see the information about them kept on file. The psychologist may discuss the contents with them and / or give them a copy. All requests by clients for access to information held about them should be lodged with Shona Scallan. These requests will be responded to within 10 working days and an appointment will be made if necessary for purpose of clarification.

#### Concerns

If you have a concern about the management of your personal information please inform Shona. Upon request you can obtain a copy of the National Privacy Principles, which describes your rights and how your information should be handled.

Ultimately, if you wish to lodge a formal complaint about the use of, or access to, your personal information, you may do so with the Office of the Federal Privacy Commissioner on 1300 363 992 or at GPO BOX 5218, Sydney, NSW, 1042.

**Agreement**

The above policy explains your rights as a client of a psychologist.

I (print name in BLOCK letters) \_\_\_\_\_ have read

And understood the policy and consent to agree to the conditions for the psychological service provided by Shona Sarah Scallan.

Client signature \_\_\_\_\_ Date: \_\_\_\_\_

Psychologist signature \_\_\_\_\_ Date: \_\_\_\_\_