

## **Your Rights as a Client of Vicki O'Dwyer**

Vicki O'Dwyer is required undertake to be accountable for her practice and to adhere to the relevant professional association's Code Of Ethics.

### **Trust and Fair Treatment**

#### **You have the right to expect that your treatment provider shall:**

- Treat you fairly regardless of your ethnic or cultural origins, your religious or political beliefs or your gender or personal life circumstances
- Treat you in a way that preserves your dignity and independence
- Explain the limits of confidentiality that apply to the professional relationship between you and your family therapist
- Give priority to safety and welfare whenever there is a conflict of interest between the competing needs of individuals
- Obtain written informed consent from you and your family before collecting sensitive personal information, video-taping, audio-recording or using third party observation or professional consultation involving you or you and your family
- Comply with all relevant legislation, standards and protocols in relation to privacy and to record keeping
- Refrain from unwarranted coercion, harassment, exploitation or influence
- Avoid using the professional relationship with you or you and your family to further his/her own personal interests
- Wherever possible, avoid entering into a relationship with you and your family outside of your professional relationship, and take professional precautions if that cannot be avoided
- Refrain from suggesting you become his/her private client when the treatment provider is employed elsewhere.

### **Information and Communication**

You have the right to expect that your treatment provider shall:

- Explain the therapeutic framework and methods at the beginning of work with you and when changing methods
- Inform you of available options, risks, benefits, costs and arrangements for payment of fees of the service being offered to you
- Allow you to make an informed choice about services being offered
- Check that you understand what is being said to you
- Explain how information concerning you, or you and your family is collected, stored and disposed of
- Allow you access to therapist records concerning your own contacts with the therapist

- Decline to become involved in any court assessments or supervision of any court orders in relation to you if you have already been involved in therapy with her or him
- Request your permission before involving you in teaching or research activities
- Obtain your consent before disclosing your information to anyone else, unless the disclosure is compelled by law or relates to ongoing child abuse or to a clear and immediate danger to a person or persons
- Assist you to obtain other services if he/she is unable to provide professional help

### **Sexual Propriety**

- You should expect your treatment provider shall not:
- Initiate any form of sexual conduct with you or in your presence
- Reciprocate any form of sexual conduct
- Detail his or her own sexual problems, desires, practices or fantasies
- Make sexually suggestive comments or innuendo

**If you think your expectations have not been met, you have a right to complain.  
Information about Making a Complaint is attached.**

## Client Complaint Form

Please complete and sign all sections of this form if you would like to make a notification (e.g. a complaint) to Vicki O'Dwyer.

When you have completed and signed the form, please send it by post or fax to:

Vicki O'Dwyer  
University of Melbourne – Hawthorn Campus  
Locked Bag 12  
Hawthorn Vic 3122

Fax: 03 9011 9596

### Section 1 – Your Details

#### 1.1 Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_  
(Mr, Mrs, Ms, Dr, other)

Given name(s): \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Facsimile: \_\_\_\_\_

1.2 How do you know the treatment provider: (e.g. are you a client of the treatment provider, a friend or relative of a client of the treatment provider, a colleague, a treating practitioner, etc):

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Section 2 – Details of the Treatment Provider

2.1 Details of the treatment provider who is the subject of the complaint:

Surname: \_\_\_\_\_

Given name(s): \_\_\_\_\_

Work Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Section 3 – Details of the Complaint

3.1 Type of Matter:

Please tick any/all items relevant to the concerns you are lodging with the Oak House:

- Breach of confidentiality
- Breach of privacy
- Breach of professional boundaries
- Conflict of interest
- Discourtesy/rudeness
- Discrimination/bias
- Dispute in relation to fees for service
- Failure to make/maintain adequate records
- Inadequate standard of practice
- Intimidation/harassment/bullying
- Lack of consent to the service provided
- Misrepresentation of qualifications
- Sexual impropriety
- Other (please specify) \_\_\_\_\_

**3.2 Have you told the treatment provider about your concerns:**

Yes  No

If yes: (please give details about the treatment provider's response)

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**3.3 Summary of complaint**

Please attach a letter to your complaint telling us of the nature of your concerns regarding the treatment provider. We ask that you provide all details that will assist Vicki O'Dwyer investigate the matter, such as the circumstances in which the actions occurred, places, dates and names of any contact details of any relevant witnesses. Please also attach one copy of any relevant documents that related to the matter, such as invoices, letters, emails and reports.

Please also tell us what you hope to achieve from lodging the notification:

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