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## Informed Consent Form for DIA Consultation

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Name:

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Please tick the boxes when completing this form to indicate your consent.

### Consent to Seeing a Clinical Psychologist

- I understand the reasons for the role of Umbrella Consultation.
- I understand that Umbrella collects and stores my information from the consultation, and that this information remains confidential within Umbrella.
- I understand that information I share with the Umbrella clinical psychologist will not be shared outside of Umbrella, except with my permission, or when we are required to do so by law.
- I understand that I can withdraw my consent to participate at any time.

Signed:

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Name:

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Date:

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**PRINT**

**SUBMIT**