POLICY

Third-Party Information Sharing, Reports and Social Media Policy

The Lifestory Practice

Effective date: 30 August 2026 | **Policy contact:** Carrie Gibbons, Practice Manager

Purpose and scope

This policy explains how The Lifestory Practice shares information with third parties, prepares and releases reports and written communications, and manages social media and electronic communication. It protects privacy, informed consent, professional independence and therapeutic boundaries. It applies to directors, employees, contractors, students and volunteers.

Who is a third party?

A third party is a person or organisation other than the client and the practice. Examples include:

- referring and treating professionals, including GPs, psychologists and psychiatrists
- the NDIA, NDIS Commission, plan managers, support coordinators, Medicare, DVA, insurers and compensation bodies
- schools, childcare services, employers and community organisations
- courts, tribunals, police, government agencies and legal representatives
- family members, carers, nominees, guardians, advocates and support people
- auditors, supervisors, consultants, technology suppliers and other service providers.

Lawful basis and informed consent

Sensitive health information will be shared only where the client or authorised decision-maker has given valid consent, the sharing is reasonably expected and directly related to the purpose for which the information was collected, or another lawful exception applies.

Consent must be voluntary, current, specific and given by a person with capacity after they have been adequately informed. Consent will identify:

- the recipient and, where relevant, their role or organisation
- the purpose of the sharing
- the type and scope of information
- the communication method
- the period or event for which consent applies
- any limits and the likely consequences of refusing or withdrawing consent.

Consent and any limits are documented. A client may withdraw consent before a disclosure, although withdrawal cannot reverse information already shared lawfully. The practice will not rely solely on a broad or indefinite authority where a more specific consent is reasonably practicable.

Sharing within a treating team

Information may be shared within a treating team where the client has been informed of the team arrangement, would reasonably expect the sharing, and it is directly related to their care. If the client objects to sharing with a particular team member, the practitioner will clarify the implications and obtain consent or identify another lawful basis before sharing.

Sharing without consent

Information may be shared without consent where required or authorised by law or a court or tribunal order, including mandatory reporting and applicable NDIS or other regulated-service incident obligations.

Where it is unreasonable or impracticable to obtain consent, information may also be disclosed if the practice reasonably believes disclosure is necessary to lessen or prevent a serious threat to the life, health or safety of any person or to public health or safety.

A subpoena or legal request will be verified and reviewed before disclosure. The practice will seek legal or professional advice where appropriate, notify the client where lawful and safe, and disclose only information required or otherwise authorised.

Minimum necessary information

Whether sharing occurs by consent or another lawful basis, only information reasonably necessary for the stated purpose will be shared. The identity and authority of the recipient will be checked, and a secure communication method will be used. The disclosure, date, recipient, purpose and authority will be documented.

Requests from family, carers and representatives

Being a relative, emergency contact, carer, payer or support person does not automatically authorise access to clinical information. Information is shared only within the person's consent or lawful authority. A nominee, guardian or substitute decision-maker's authority will be verified and applied only to decisions within its scope.

For children and young people, the practitioner will consider age, maturity, understanding, capacity, safety and applicable law when deciding who may consent to sharing and receive information.

Preparing reports, letters and summaries

Reports and written communications may be prepared at a client's request, as part of agreed service delivery or where required by a lawful funding, regulatory or legal process. Before accepting the work, the practitioner will clarify:

- the purpose, questions to be addressed and intended recipient
- whether the request is clinical, functional, treatment, funding, legal or forensic
- the information sources and assessment required
- the scope, limitations and practitioner competence
- the expected completion date, release process and fees
- whether consent permits contact with other information sources.

Professional content and independence

Reports must be accurate, relevant, balanced and within the author's qualifications, competence and role. They will distinguish verified facts, client or third-party accounts, clinical observations, assessment results, assumptions and professional opinions.

A practitioner will not alter a finding or opinion to achieve a preferred funding, legal, employment or other outcome. Clients may identify factual errors or provide additional information, but cannot require the practitioner to change an honestly held professional opinion. Material corrections or addenda will be dated and retained with the original where appropriate.

Reports will state significant limitations, such as reliance on self-report, incomplete records, lack of collateral information or the difference between a treating and independent forensic role. A treating practitioner will decline work that creates an unmanaged conflict of interest or falls outside scope.

Third-party information in reports

Information about another person will be included only where relevant and lawful. The report will avoid unnecessary identifying detail and will make clear when information comes from a third party. The practice will consider the privacy and safety of all people named before releasing a report.

Report review, release and access

Unless a legal or contractual requirement prevents it, the practitioner may discuss a report's findings with the client before release. The final report is released to the agreed recipient by a secure method and a copy is retained in the clinical record.

Clients have a general right to request access to personal information held about them, including reports, subject to exceptions permitted by law. Access may be refused or provided through an intermediary where, for example, direct access would pose a serious threat to life, health or safety or unreasonably affect another person's privacy. Written reasons and complaint options will be provided where required.

Fees and timeframes

Fees for reports, letters, file review, case conferences and extended third-party communication will be explained and agreed before work begins. Funding will be billed only where the activity and fee are permitted. Timeframes are estimates and may change if required information is delayed or the request expands. Urgent deadlines are not guaranteed unless expressly accepted.

Electronic communication

Email, SMS, portals and other electronic methods are used with reasonable security and in line with the client's recorded communication preferences. Highly sensitive material will not be sent through an insecure channel where a safer practical option is available. Recipients, addresses and attachments must be checked before sending.

Workers must not enter client-identifying or sensitive information into personal accounts, consumer AI tools, translation services, transcription systems, cloud storage or other unapproved technology. Any suspected misdirection, unauthorised access or disclosure must be reported immediately to the Practice Manager.

Social media boundaries

- The practice does not provide therapy, clinical advice, assessment, crisis response or case management through social media.
- Direct messages are not monitored continuously and must not be used for urgent or emergency matters. In an emergency, call 000; for mental health crisis support, contact an appropriate crisis service.
- Social-media enquiries may receive a brief administrative response directing the person to approved booking or contact channels.
- Staff do not accept friend or follow requests from current or former clients on personal accounts and must not initiate personal online connections with clients.
- Staff must not search for a client's online content for clinical purposes without a clear professional reason, appropriate consent or another lawful basis, and documentation.
- Workers must not post, discuss or hint at client information, including de-identified stories that could reasonably identify a person when combined with other details.

Public comments, reviews and testimonials

A client's public comment or review does not waive confidentiality. The practice and its workers will not confirm that a reviewer is or was a client, debate clinical details, or disclose information when responding publicly. A response, if any, will remain general and invite private contact.

Social-media pages controlled by the practice that advertise a regulated health service must not include testimonials or purported testimonials about clinical aspects of care. The practice will not repost, highlight or

selectively publish such reviews. Other promotional content must be accurate, not misleading and consistent with applicable professional advertising rules.

Official accounts and worker conduct

Only authorised workers may publish or respond through official accounts. Account access must be protected and removed promptly when a worker's role ends. Workers remain responsible for professional conduct on personal accounts when content could affect clients, public safety, confidentiality, professional boundaries or confidence in the practice.

Documentation, retention and review

Consents, disclosures, reports, correspondence, social-media incidents and relevant decisions are recorded and securely retained with the appropriate clinical, administrative or governance record. This policy is reviewed at least annually and sooner following a significant privacy incident, regulatory change or identified risk.

Contact details

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Policy references

- Privacy Act 1988 (Cth) and Australian Privacy Principles
- Office of the Australian Information Commissioner, Guide to Health Privacy and APP Guidelines
- Health Practitioner Regulation National Law advertising requirements and Ahpra social-media guidance
- Psychology Board of Australia Code of Conduct
- The Lifestory Practice Privacy, Confidentiality, Informed Consent and Ethical Billing policies.