



## INFORMED CONSENT (Agreement for Counselling Services)

**Objectives and Benefits.** The objectives of Counselling, Psychotherapy and Coaching are varied, it is important to discuss with your therapist your hopes and expectations resulting from the therapy process. The benefits of therapy cannot be guaranteed because it is an interactive process that relies on the client's participation, responsiveness and openness. Many people experience a positive and constructive outcome to therapy. This will vary depending on the individual and their perceptions and expectations. To get the most out of the therapy process, the client is required to:

- Attend every scheduled session
- Share your thoughts and feelings openly with your therapist
- Complete any tasks or activities set outside of the therapy session
- Ask for clarification about any of the therapy activities being undertaken
- Discuss any doubts or concerns you have with your therapist.

**Confidentiality.** The nature and content of your discussions with your therapist is strictly confidential. Your therapist can only speak to someone else about you if they have your written permission, with exception to mandatory duty of care reporting, or when there is significant concerns for life and safety to you (the client) or harm to others. A therapist's files may also be subpoenaed by a court of law if legal proceedings were taken relating to your situation. Therapists may discuss some aspects of your matter with their professional supervisor, however care is taken to protect your identity during these times. (See Privacy Amendment Act 2000 for further information).

**Risks.** There are risks that can be associated with therapy (including Group Therapy). Therapy deals with issues and areas of people's lives that may expose them to a wide range of feelings, reactions and moods, including physical signs and symptoms. Sometimes these reactions can cause disruptions to daily life and commitments. It is imperative that you talk to your therapist if you are feeling at risk (including any current or previous feelings of self-harm or harm to others).

**Qualifications and Expertise.** All therapists working at *peregrinatio consulting* are qualified professional therapists and members of the Australian Counselling Association (ACA) and/or the Psychotherapy and Counselling Federation of Australia (PACFA), and are subject to professional and ethical requirements. A summary of your therapist's qualifications and experience is available upon request, as is the code of conduct that all therapists abide by.

**Methodology and Approach.** Our therapists always use recognised therapeutic approaches to counselling which are widely used by psychologists and other health care professionals. If you have any questions or concerns please raise these with your therapist and only proceed if you are comfortable.

**Referrals.** Your therapist will not attempt to assist you in areas beyond his/ her expertise, but may refer you to another professional with relevant skills. *Peregrinatio consulting* receives no financial benefit from referrals.

### Terms and Conditions

**Hours of Practice.** Hours of practice are by appointment. Please see website for further information ([www.peregrinatio.com.au](http://www.peregrinatio.com.au))

**Consultation Fees.** All fees are inclusive, except for agreed travelling costs, copies of records/ your file requested by you and any third party services organised by peregrinatio consulting. Payment should be made by cash, or electronic transfer prior to or at the time of the session.

- Initial consultation \$ 150.00, usually one and a half hours
- Subsequent sessions \$ 120.00 per hour
- Couples/ family therapy sessions are \$ 180.00 per hour
- Group therapy sessions are \$ 60.00 per person per session

**Missed appointments/ sessions.** If you need to reschedule an appointment please give at least 24 hours' notice. Less than 24 hours' notice will incur a 50% re-scheduling fee.

**Storage of Client Files.** According to ethics and good practice it is a requirement that records of client sessions are made and kept. These records will be kept in a secure location for 7 years as required by law and then destroyed. Records remain the property of *peregrinatio consulting*. A copy will be available to you upon request, please note a small fee may apply.

**Complaints.** Complaints should be raised with your therapist initially, thereafter you may be directed to the professional body to which the therapist holds professional membership (i.e. ACA, PACFA)

**Consent to Terms and Conditions and Confidentiality and Privacy**

I, (print your name) \_\_\_\_\_

Date of Birth \_\_\_\_\_,

having read this agreement carefully, understand and accept the terms and conditions. I have considered the potential risks and impact that may arise from the therapeutic process, and I choose to proceed with therapy. If anything about my situation or circumstances change in a way that will impact on the potential risks of therapy or its effectiveness, I will immediately notify my therapist. .

I consent to the release of confidential information relating to me if the release of that information:

- (a) Is pursuant to a statutory requirement, a Court Order or a legal duty;
- (b) Is to another professional therapist, a clinician or medical practitioner as part of a referral process;
- (c) Is for the purpose of discussing my clinical history with my GP or other relevant professional;
- (d) May, in the opinion of my therapist, prevent the commission of a serious crime and/ or harm to a third party and/ or harm to me;
- (e) For any other purposes described in the *peregrinatio consulting* privacy policy (as amended from time to time).

I also consent to the collection, use storage and disclosure of any information necessary for my therapist to effectively provide the therapeutic service in this agreement and for any other purposes consistent within the terms and conditions set out herein.

PLEASE NOTE: By signing this you are entering a legally binding contract.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Therapist Name** \_\_\_\_\_

**Therapist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

SIGNED on behalf of peregrinatio consulting.