



## **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 are 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 *Pete Lewis Psychotherapy* 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. *Pete Lewis Psychotherapy* receives no financial benefit from referrals.

**Conflict of interest.** Your therapist may provide similar services while engaged in secondary employment. A potential conflict of interest exists when clients are enrolled in schools where a therapist is engaged in support services to students. To mitigate these potential conflicts, therapists will not actively promote services provided by '*Pete Lewis Psychotherapy*' while working within the school. Counselling enquiries will be offered alternative referral options. Engagement in counselling services will only commence with the signing of this document, acknowledging permission for written notification to the school Principal detailing the name of the enrolled student and their engagement in the external services of '*Pete Lewis Psychotherapy*'. All confidential information received through '*Pete Lewis Psychotherapy*' or through services provided to a school, will remain confidential to that entity. Exchange of confidential information with either school or clients will be by permission only.

## Terms and Conditions

**Hours of Practice.** Hours of practice are by appointment. Please see website for further information ([www.petelewis.com.au](http://www.petelewis.com.au) or [www.the-journey.com.au](http://www.the-journey.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 *Pete Lewis Psychotherapy*. We accept Credit and Debit Card, Cash and Electronic Funds Transfer (EFT). Unless discussed, all payments to be made prior to, or at the time of appointment.

- Initial consultation \$150.00 per 1.5 hours (as discussed by your therapist – optional).
- Subsequent/ normal therapy sessions \$120.00 per 1 hour.
- Couples/ family therapy sessions are \$ 180.00 per 1 hour.
- Group therapy sessions are \$ 60.00 per person per session.

EFT payments are made to ANZ Bank, Account Pete Lewis Psychotherapy, BSB: 012209, Account Number: 324960067. Please quote invoice number as payment reference. All credit and debit card transactions will incur a 2.2% surcharge.

**Missed appointments/ sessions.** If you need to reschedule an appointment, please give minimum of 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 *Pete Lewis Psychotherapy*. 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). Complaints can also be made directly to the Health Care Complaints Commission (HCCC), an independent body dealing with complaints about health care services (for more details see attached information sheet and code of conduct).

## Consent to Terms and Conditions and Confidentiality and Privacy

I / We (print name)

Date of Birth

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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 *Pete Lewis Psychotherapy* privacy policy (as amended from time to time).

I also consent to the collection, 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 *Pete Lewis Psychotherapy*.

### Clients under the age of 18

Please discuss with therapist before signing on behalf of a client under the age of 18.

Legal Guardian Name

Signature

Parent or Legal Guardian Information

Phone

Email

Address