CLIENT–THERAPIST AGREEMENT

Welcome to my practice. This document contains important information about my professional services and business policies. Although this document is long, it is very important that you read it carefully. We can discuss any questions you have about the procedures. When you sign this document, it will represent an agreement between us.

PSYCHOTHERAPEUTIC AND COUNSELLING SERVICES

Psychotherapy is not easily described in general statements. It varies depending on the personality of both the therapist and the client and the particular problems that the client brings. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a GP visit; it calls for an active effort on the part of the client. Psychotherapy can aid you in discovering tools and techniques that can be used to improve the quality of your life and your relationships. Psychotherapy involves change, which may feel threatening not only to you but also to those people close to you. The prospect of giving up old habits, no matter how destructive or painful, can often make you feel very vulnerable. The process can include experiencing feelings like sadness, guilt, anxiety, anger and fear, and making changes that you did not originally intend. Like any professional service, therapy may not work, and for a relatively small number of people, problems may get worse. Even so, many people find that therapy is worth the discomfort they feel. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. There are no guarantees of what you will experience.

As the client involved in this process, you have the right to ask me about my professional experience, background, and theoretical orientation. As the therapist, I am offering the following information regarding the therapeutic relationship in response to frequently asked questions.

ABOUT MY PRACTICE & REGISTRATION

I am a member of **PACFA** and practise in accordance with its Code of Ethics and professional standards. My membership number is 27495. As a counsellor / psychotherapist, my services are presently not covered by Medicare rebates. If you have private health insurance, therapy sessions may be reimbursed depending on your level of cover and the fund's policies; please check directly with your fund, as I am unable to confirm your eligibility. I will provide a receipt for each session that you can use for any claim you choose to make.

THE THERAPY PROCESS

Initially, we will meet to evaluate the problems that bring you to therapy, and I will give you some initial impressions of the kind of treatment that would be helpful to you. During the first few sessions, you should be thinking about whether you feel comfortable working with me. Because therapy may involve a substantial commitment of time, money and energy, it is important that you feel comfortable with the therapist you choose. If you decide that you are not comfortable working

with me, I would be happy to help you find another therapist. If you do decide to work with me, we will develop goals together.

Once psychotherapy is initiated, we will decide on a regular schedule of meetings, usually at least one session a week. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first. I can provide you with referrals to other therapists if that seems needed.

CONSENT TO TREATMENT

Your participation in therapy is voluntary, and you may ask questions, raise concerns, or decline any particular approach at any time. By signing this agreement, you consent to take part in the assessment and therapy we agree upon together. We will talk through the approach I recommend, and you are free to withdraw your consent or end therapy at any point.

TELEHEALTH AND WALK-AND-TALK SESSIONS

While the majority of our work together will take place in the consulting room, there may be circumstances in which it is appropriate, or more practical, for some sessions to be conducted by telehealth (video or telephone) or as "walk-and-talk" sessions in an outdoor setting. We will discuss and agree on any such arrangement together, and either of us may suggest returning to in-room sessions at any time if that better supports your therapy.

Telehealth. Where we agree to meet by telehealth, sessions will be conducted using a secure, private platform, and are provided on the basis that we both ensure a confidential and uninterrupted space (which may or may not involve using a headset), will not record our sessions, and will aim, as far as we are able, to have reliable connectivity. To protect your confidentiality, I ask that you join from a quiet, private space where you will not be overheard or interrupted. Please be aware that, despite reasonable safeguards, no electronic platform can guarantee complete privacy or security, and technology may occasionally fail. If a connection drops, we will follow up by telephone to continue or reschedule. So that I can respond appropriately in the event of a safety concern, I will confirm your physical location and an emergency contact before we begin working by telehealth.

Walk-and-talk. Walk-and-talk sessions are conducted on foot in a mutually agreed outdoor location. As with telehealth, these sessions are provided on the basis that we both take reasonable steps to protect your privacy and will not record our conversation. This format takes place in public or semi-public spaces, which means there is a greater chance of being seen or overheard, of incidental contact with people we may know, and of interruptions outside our control. While I will take reasonable steps to protect your privacy, the same level of confidentiality available in the consulting room cannot be guaranteed in an outdoor setting. Walk-and-talk sessions also involve light physical activity, and are dependent on weather and your physical comfort and capacity on the day. It is your responsibility to let me know of any health condition that may make walking unsuitable, and either of us may choose to pause, shorten, or relocate a session as needed.

These formats are not suitable for every client or every presenting concern, and I will only offer them where I consider them clinically appropriate. Your participation in telehealth or walk-and-talk sessions is entirely voluntary, and choosing not to take part will not affect the care you receive.

Consent: I have read and understood the above. I understand that telehealth and walk-and-talk sessions carry privacy, security and practical limitations that differ from in-room therapy, that

neither I nor my therapist will record these sessions, and I consent to participating in these formats where my therapist and I agree they are appropriate.

FEES

My fees for a psychotherapy session will change depending upon the work we are doing, how we are doing it, and the length of time. Please see the appointments page on the Healing Moments website for current rates. Payment must be made by cash, credit card, or EFT at the time services are rendered, unless we agree otherwise. Periodically my fees increase due to inflation and cost-of-living increases. Services provided outside of regularly scheduled appointments — such as report writing, preparation of records or treatment summaries, extended phone consultations, and the time spent performing any other service you may request of me — are prorated. In the unusual circumstance that you are involved in a legal proceeding that requires my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the complexity and difficulty of legal involvement, I charge a separate legal fee.

MISSED OR CANCELLED APPOINTMENTS

Please notify me 48 hours in advance if you need to cancel or reschedule your appointment. Unless you give me 48 hours' notice, and without exception, missed or cancelled appointments will incur the usual charge for the session.

TELEPHONE & ELECTRONIC COMMUNICATION

Your messages are picked up on my confidential voicemail. I check my messages periodically throughout the day and return calls at my earliest convenience. It helps to leave me your phone number (even though I have it) and to let me know until what time at night I can return your call. If your situation is an emergency, please make that clear on your message and I will return your call as soon as possible.

Email and text messages are useful for practical matters such as arranging or changing appointments, but they are not a secure or confidential way to discuss clinical issues, and I cannot guarantee the privacy of information sent this way. I do not routinely monitor email or text outside business hours and these channels should never be used for urgent or crisis contact. To maintain clear professional boundaries, I do not accept friend or contact requests from current or former clients on social media.

This practice does not provide a 24-hour or emergency service. If you are in immediate crisis or your safety is at risk, please call 000, or contact Lifeline on 13 11 14 or Beyond Blue on 1300 22 4636, which are available at any time.

CONFIDENTIALITY

Your therapy will include talking over very private things with me. To some extent my ability to help you will depend on how open you can be about yourself — your ideas, feelings and actions. So that you can feel free to talk openly, it is my ethical duty to keep client information confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else, or send out information about you, without your permission.

If we become involved in family or couple's therapy (where there is more than one client) and you want to have my records of this therapy sent to someone, all of the adults present will have to sign a release.

If you ever want me to share information with someone else (for example, your GP), I ask that you sign a written authorisation form (provided in the intake form).

COUPLE & FAMILY THERAPY — "NO SECRETS" POLICY

When I work with a couple or family, my client is the relationship rather than any one individual. To keep my role fair and balanced, I work on a "no secrets" basis: information one person shares with me individually (for example, in a phone call or a separate conversation) may need to be brought into the joint work where it is relevant to the therapy. I will use my clinical judgement and discretion, and will encourage open communication rather than disclosing anything abruptly, but I cannot agree to hold secrets between partners or family members, as doing so would compromise the therapy.

EXCEPTIONS TO CONFIDENTIALITY

There are exceptions to confidentiality that you should know about. While most of these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If I believe you are at serious risk of harming another person, I may disclose information to the person at risk and/or to police or other appropriate authorities in order to lessen or prevent that threat.
2. If I believe you are at serious risk of harming yourself, I may disclose information to others where I consider it necessary to lessen or prevent a serious threat to your life, health or safety.
3. If you disclose, or I form a reasonable belief, that a child or a person with impaired capacity is being abused, neglected or is at risk of harm, I may be required by law to report this to the appropriate authority.
4. If a court of law issues a subpoena or order requiring me to release information or records, I am legally obliged to provide the specific information ordered.
5. If you have been referred to me by a court for therapy or assessment, the results may need to be reported back to the court.
6. If you are or become involved in any legal or administrative proceeding (such as a workers' compensation claim) where your mental health is at issue, your records or therapy may not be able to be kept private in those proceedings.
7. If you take part in couple, group or family therapy, I ask every member to keep what happens in treatment confidential; however, I cannot guarantee that others will honour this.
8. To provide you with the best care I can, there may be times when I seek professional consultation or clinical supervision from another qualified practitioner. In these consultations I make every effort to avoid revealing your identity, and the consultant is also bound to keep the information confidential, subject to the same exceptions above.

Wherever it is safe and practical to do so, I will talk with you first about any need to disclose information, explain what I intend to do and why, and aim to share only what is necessary. This is

a general summary, and the precise obligations can depend on the circumstances and on the law in your state or territory. Please raise any questions or concerns about confidentiality with me as soon as possible.

PRIVACY & YOUR RECORDS

I keep written and electronic records of our work together so that I can provide you with safe and effective care. These records are stored securely and are managed in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles, as well as applicable state health-records legislation. I take reasonable steps to protect your information from misuse, loss, and unauthorised access, including secure storage, password protection, and encryption of electronic files.

I will retain your records for the period required by law — generally at least **seven years from our last contact** for adult clients, and, for clients seen as children, until the client reaches **25 years of age**. After this time, records are securely destroyed. You have the right to request access to the personal information I hold about you, and to ask me to correct it if it is inaccurate. I will respond to any such request in line with my legal obligations. Full details of how your information is handled are set out in my Privacy Policy, which is available on request.

QUESTIONS & COMPLAINTS

I want you to feel comfortable with the care you receive. If at any time you are unhappy with any aspect of our work, I encourage you to raise it with me directly so that we can discuss it and try to resolve it together. If you would prefer to raise a concern with someone outside the practice, or feel it has not been resolved, you may contact my professional association, PACFA, or the health complaints body in your state or territory (in New South Wales, the Health Care Complaints Commission, HCCC). I will not treat you any differently for raising a concern or making a complaint.

ACKNOWLEDGEMENT & SIGNATURE

By signing below, I acknowledge that I have read and understood this Client–Therapist Agreement, that I have had the opportunity to discuss it and clarify any questions or concerns with my therapist, and that I voluntarily agree to its terms — including the policies on fees, cancellations, confidentiality and privacy set out above. I understand that I may conclude my sessions at any time.

Client name:

Client signature:

Date:

To be completed by the therapist:

Therapist name:

Therapist signature:

Date:

Healing Moments ABN 47 293 802 658
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