

Mindical Counselling Services

Informed Consent and Counselling Agreement

Mindical will need to collect and record personal information from you that is relevant to your current situation. Information provided to us will be stored in a secure online database accessed only by Mindical staff.

This agreement outlines Mindical's commitment to preserving confidentiality for all clients, as well as the times when our ability to commit to total confidentiality may be limited. Please read this document carefully and ask questions if needed.

Termination

As therapy is a process managed and controlled by you, you can terminate the process at any time. If you have a scheduled appointment, then you must cancel these as per the cancellation policy. The therapist has the right to cancel the service provided at any time, but this would occur with complete transparency and appropriate referral pathways if necessary.

Client responsibilities

For your sessions to be of value, it is important that you:

- Keep your counsellor informed of any relevant treatments you are receiving
- Be as honest as possible with your counsellor
- Respect your counsellor just as they respect you
- Attend sessions on time however if you are late, the session may still finish at the required time

Limits of Confidentiality

If a court has subpoenaed your file, every effort will be made to preserve your confidentiality. This means that your address or phone number or any other information may be blanked out prior to ensure that your safety and privacy is maintained.

Duty of Care

There are some situations where we may have a legal obligation to act.

- If we believe there is a need to protect others from harm we may have to reveal some information about a client's treatment. However, this is discussed together.
- If there is reasonable cause to believe that a child has suffered or is currently suffering from abuse or neglect, a discussion will occur regarding the most appropriate government referral source ie Department of Child Safety or the Police.
- If there is an imminent danger to the health or safety of the client or any other individual, appropriate actions may be taken. These actions may include contacting the police, seeking hospitalization for the client, or contacting family members or others who can help provide safety. Again, this is discussed together before any action taken.

Safety

During counselling sessions, it is critical that both client and counsellor feels safe from all types of abuse. If at any time you or your counsellor does not feel safe you both have the right to interrupt or end the session. In rare and extreme circumstances, the police may be called.

Intellectual Property

Some of the materials used as part of the counselling process are copyrighted. You are therefore not allowed to use or reproduce any of the materials, documentation, processes, techniques etc except for your own personal use. Please ask the counsellor prior to sharing any materials.

Appointments

Please note that if you forget your appointment, arrive late, or give less than 24 hours' notice of your inability to attend, you will not be eligible for a refund or reschedule. If you need to reschedule your appointment please advise the service as soon as possible, this enables others who are waiting for appointments to access the service.

Contact

The service is not always available by telephone. When unavailable, please leave a voice mail and a detailed message outlining when you are available to contact and every effort to return your call be made. If we are unavailable and you are physically or emotionally unsafe, please enact your safety plan and/or contact 000 immediately.

Emergencies and Risk

If there is an emergency whilst attending sessions or is some concern regarding your personal safety or that of others, your emergency contact person may be activated.

Medicare

If you have a MHCP (Mental health Care Plan) permission for the Mindical Counselling Services to access the medicare component of the fees direct to medicare is requested. This also includes permission for Mindical Counselling services to obtain you medicare card details to enable bulk billing.

Client Consent Statement

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I agree to pay all fees associated with my therapy. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake counseling. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my counselor. I am over the age of eighteen.

Client Name:

or Guardian Name:

Client sign:

Date: