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Welcome & Consent Agreement**

**Purpose:**Welcome to Lev & Hope: Sydney Christian Counselling. Taking the step into counselling is a significant decision, and we aim to gently guide your process at every step. Please don’t hesitate to let us know if you have any questions, or if there are any areas in which you require further clarification. We will take the time needed to listen carefully and respond in love, compassion and care at every step.

This document is designed to help you understand what to expect from counselling and to obtain your informed consent before we begin. Further details on privacy and information collection can be found in the ‘Privacy Policy’ section on our website.

**Counselling Philosophy & Practice**

* We believe that each person has inherent dignity, being made in the image of God. We aim to understand the whole person- physiological, soul and relationships—by listening carefully and compassionately.
* The brokenness of our world causes pain and patterns of behaviour that often reflect deeper wounds. Through exploring your personal story and experiences, we seek to uncover these patterns and apply the grace and truth of the gospel in Scripture for growth, healing and renewed faith in Christ.
* We’ll gently explore your past, present, and future to consider practical steps of faith and how God’s redeeming love provides a pathway toward change. Life goals and change are always determined with each individual counselee considering immediate, short or long-term vision.
* While our work is shaped by biblical categories and guided by biblical wisdom, we consider various psychological models to ensure a well-informed and reflective practice.

**Counsellor's Rights and Responsibilities**

* To provide professional, ethical, evidence-based care.
* To refer you elsewhere if your needs fall outside the scope of our expertise.
* To decline requested interventions that may not serve your best interest and conflict with our philosophy and ethics.
* To terminate counselling if it is no longer beneficial, only after discussion.
* To maintain professional boundaries, privacy and confidentiality in all communications.
* To advise you to seek emergency care when needed, as we cannot provide urgent crisis support. In emergencies, please contact **000** or **Lifeline: 13 11 14**.

**Your Rights and Responsibilities as a Counselee**

* To know your counsellor’s qualifications and professional experience.
* To receive clear information about the duration, goals, cost, and potential outcomes of counselling.
* To give feedback about the process, need or discomforts at any time.
* To accept, refuse or discontinue counselling appointments.
* To access, review and correct personal information.

**Duration and Frequency:**  
**Appointment Duration and Rates**:   
- *Initial* consultations are for 1 hour ($120)  
- *Subsequent* counselling sessions are for 50min ($105)  
- Group Counselling 1 hour ($150pp)  
- Premarital Counselling 1 hour 15min ($180, couple)  
  
  
**Frequency:**   
The frequency of sessions will be tailored to suit each individual’s needs and circumstances.   
Counselling plans typically consist of 6 to 8 sessions, scheduled at regular intervals—whether weekly, fortnightly or monthly, as mutually agreed. In some cases, fewer sessions may be sufficient to meet the counselee’s goals.

**Fees & Cancellations**

* Invoices are issued via email after each appointment, with payment to be made by bank transfer (no additional fees apply). Invoices can also be made available upon confirmation of your appointment time. Counselling fees are due within 24 hours of each session.
* A cancellation fee may apply for appointments cancelled with less than 24 hours’ notice. No fee applies for rescheduling.
* Sessions will conclude at the scheduled time regardless of late arrival.
* Termination of Counselling: Counselling may be discontinued by the counsellee at any time. In certain situations, the counsellor may temporarily suspend, terminate counselling, and may refer the counsellee to another professional due to identifying a need for specialist support, conflict of interest or ethical considerations.

**Lev & Hope: Sydney Christian Counselling™   
  
Acceptance by Counselee/Counselee’s Guardian  
  
*A copy of this signed agreement will be sent to your indicated email.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the information in the ‘*Lev & Hope: Sydney Christian Counselling*’ Intake Form and Consent Agreement, clarified my concerns, and agree to undertake counselling with Jo Anne Kim of ‘Lev & Hope: Sydney Christian Counselling’ in accordance with the terms and conditions set out above.

Name (Print): Counsellor Name:   
  
Signature: Signature:   
  
  
Date: Date:

I have read and understood the *Privacy Policy* document available at www.sydneychristiancounselling.org (“Privacy Policy”). To assist the counselling process, I authorise my counsellor, Jo Anne Kim of ‘*Lev & Hope: Sydney Christian Counselling*’, to exchange information about my counselling assessment, diagnosis and or/treatment with my medical practitioner, as specified in the Intake Form, and to otherwise collect, use and disclose my personal information in accordance with the Privacy Policy.

Name (Print): Counsellor Name:   
  
Signature: Signature:   
  
  
Date: Date:

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***If counselee is under 18 years of age:***

I affirm that I \_\_\_\_\_\_\_\_\_\_\_\_ the parent/carer/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the information in the ‘*Lev & Hope: Sydney Christian Counselling*’ Intake Form and Consent Agreement, clarified my concerns, and agree for my child to undertake counselling with Jo Anne Kim of ‘Lev & Hope: Sydney Christian Counselling’ in accordance with the terms and conditions set out above.

Parent/Legal Guardian Name (print): Counsellor Name:  
  
Parent/Legal Guardian Signature: Signature:  
  
Date: Date:

I have read and understood the *Privacy Policy* document available at [www.sydneychristiancounselling.org](http://www.sydneychristiancounselling.org) (“Privacy Policy”). To assist the counselling process, I authorise my counsellor, Jo Anne Kim of ‘*Lev & Hope: Sydney Christian Counselling*’, to exchange information about my child’s counselling assessment, diagnosis and or/treatment with my child’s medical practitioner, as specified in the Intake Form, and to otherwise collect, use and disclose my child’s personal information in accordance with the Privacy Policy.

Parent/Legal Guardian Name (print): Counsellor Name:  
  
Parent/Legal Guardian Signature: Signature:  
  
Date: Date: