Text, letter

Description automatically generated

**Client Consent Form**

As part of providing counselling services to you, Justine O’Malley Counselling and Therapy Services, will need to collect and record personal information from you that is relevant to your current situation.

This information is a necessary part of the counselling service. You do not have to give all your personal information, but if you choose not to, the service may not be effective and may not be provided.

**PURPOSE OF COLLECTING AND HOLDING INFORMATION**

Information is gathered as part of the counselling service, and is seen only by the counsellor. The information is retained in order to document what happens during sessions, and enables us to provide relevant, informed and evidence-based services.

**ACCESS TO CLIENT INFORMATION**

You are entitled to access the information in your file through Freedom of Information, unless the relevant legislation indicates otherwise. In some cases, certain information may need to be excluded from access. You can discuss appropriate forms of access with your counsellor directly.

**CONFIDENTIALITY**

All personal information gathered by your counsellor during the provision of the services will remain confidential and secure except where:

1. It is subpoenaed by a court, or

2. Failure to disclose the information would place you or someone else at serious and imminent risk, or

3. Your prior approval has been obtained to:

a. Provide a written report to another professional agency (e.g., GP or lawyer)

b. Discuss the material with another person, e.g., a parent or employer; or

4. Disclosure is otherwise required or authorised by law.

**RELEASE OF INFORMATION**

Due to confidentiality and privacy laws, Justine O’Malley Counselling and Therapy Services cannot release any information provided during counselling unless you give your written consent.

You have the right to revoke consent at any time for the release of information to any third parties.

Please refer to our ‘Privacy Policy’ for additional information. You have a right to request to revoke consent at any point in time. This may limit certain types of services from being provided.

**Please select from the following prior to signing (please tick as required) :**

* I consent for Justine O’Malley Counselling and Therapy Services to take notes during sessions and keep these in a confidential file
* I consent for Justine O’Malley Counselling and Therapy Services to liaise with other health professionals (e.g. the referring GP or other party involved in mental health treatment) in order to provide the best service
* I consent for Justine O’Malley Counselling and Therapy Services to discuss aspects of my counselling in clinical supervision
* If you require a privacy alert to be placed on your file, please select here

**FEES AND CANCELLATION POLICY**

Please refer to the appropriate fee schedule.

The cost of your appointment is required to be paid immediately after your appointment by ETF (credit or debit via square).

Cancellations and rescheduling of appointments less than 24 hours prior to your scheduled appointment will incur a cancellation fee. This fee is the total fee which would have been charged for the service.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the above consent form and been provided with opportunities to discuss this with my counsellor.

I agree to these conditions for all counselling and therapy services provided by Justine O’Malley Counselling and Therapy Services.

Client Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Carer if child under 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee Schedule – As of 1.1.23**

Sessions are scheduled for 50 minutes

Full Fee : $110 per session

(if a series of 5 sessions are scheduled the full fee will be $100 per session)

Discount fee $85

**Appointment Schedule**

Following on from the initial session I would like to book (please tick):

* Weekly sessions
* Fortnightly sessions
* Monthly sessions
* Only as required sessions