



## **COUNSELLING AGREEMENT & FEE STRUCTURE**

### **Welcome to Regain Balance – Counselling, Health & Wellbeing**

This document serves as a formal agreement between:

Client: \_\_\_\_\_ DOB \_\_\_\_\_

and

Suzanne Grabowski, B.Coun., Dip.Com.Ser., EN, M.A.C.A. (Level 3)

This document outlines the terms of our counselling relationship, confidentiality and privacy, fees and cancellation policies. Please read it carefully and ask any questions before signing. For online counselling, please also read the information, which will be provided in the 'Online Counselling Terms and Conditions'.

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### **THE COUNSELLING PROCESS**

Suzanne Grabowski, a level 3 registered member of the Australian Counselling Association (ACA), provides a safe, inclusive, trauma informed and confidential space for clients to explore concerns, build strengths, and overcome life's challenges. As a professional member of the ACA, she adheres to the ACA Code of Ethics, prioritising trust, professional boundaries, and the client's needs.

#### **Role of the Counsellor:**

- Acts as a facilitator, guiding clients to make their own decisions and changes.
- May assign optional tasks for clients to complete outside sessions.
- Helps clients work on feelings, thoughts and behavioural patterns, communication skills, relationships, and goals using tailored therapeutic models.

#### **Therapeutic Approach:**

- Includes exploring the past and present to support client goals and well-being.
- Acknowledges that the process isn't linear and may involve some triggering emotions, which should be disclosed for safe progression.

#### **Limitations:**

- The counsellor does not provide medical, career, legal or financial advice but may offer general suggestions or refer clients to other professionals if needed.

#### **Client Responsibility:**

- Clients are fully responsible for their decisions, behaviour, and any changes they choose to make in their own life.



## CONFIDENTIALITY

Your privacy is respected, and all shared information is private and will not be disclosed without client consent, except in specific circumstances:

1. WITH CLIENT CONSENT:

To provide reports to third party professionals or organisations, health professionals, family members, or insurance companies. This is in accordance with ACA ethical standards requiring client consent before sharing personal information with any third parties.

2. FOR PROFESSIONAL SUPERVISION:

Counsellors are required to consult with qualified supervisors for practice support, as per the ACA's Code of Ethics. Shared details will be anonymized to protect client identity and ensure confidentiality is maintained.

3. LEGAL AND ETHICAL OBLIGATIONS:

The counsellor must report if there is a risk of harm to the client or others, including mandatory reporting of child harm or abuse, as required by Australian law (e.g., Child Protection Legislation). Clients may be informed of the intention to report when appropriate and safe to do so.

4. COURT SUBPOENAS:

Information must be disclosed if subpoenaed by a court of law. ACA members are bound by the ethical requirement to comply with legal obligations, though clients will be notified if information is requested by legal authorities.

## DUAL RELATIONSHIPS

Regain Balance operates within regional and community-based settings where incidental contact outside the counselling room may occur. A dual relationship refers to any situation where another relationship exists alongside the therapeutic one (for example, living in the same community, mutual acquaintances, or meeting in public spaces). In accordance with the ACA Code of Ethics, dual relationships will be avoided wherever possible and carefully managed when unavoidable to protect confidentiality, boundaries, and the integrity of the counselling relationship.

Dual relationships also include situations involving **multiple family members**. When more than one person from the same family, household, or extended family network seeks counselling, the counsellor must ensure that confidentiality, impartiality, and fairness are upheld. Individual client information will not be shared between family members without explicit consent, and the counsellor will not take sides or act as a



mediator for family disputes unless this is part of an agreed family counselling process. If providing counselling to multiple family members creates a conflict of interest or may compromise therapeutic neutrality, the counsellor may recommend alternative arrangements or refer one or more family members to another practitioner.

If we are likely to cross paths in the community, this will be discussed transparently so we can agree on how any incidental contact will be managed. To safeguard your privacy, the counsellor will not initiate acknowledgment in public unless the client chooses to do so first. If a dual relationship presents a conflict of interest or may compromise the quality of care, an alternative plan or referral may be recommended in the client's best interests.

#### **PRIVATE INFORMATION AND DATA STORAGE:**

All client information is handled and stored in accordance with the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles (APPs)*. This means your personal information is collected, used, stored, and disclosed only for legitimate clinical and administrative purposes, with your consent, or where required or permitted by law.

Client records are stored securely using an encrypted, password-protected practice management system designed for Australian health practitioners. Reasonable steps are taken to protect your information from misuse, loss, unauthorised access, modification, or disclosure. Records are stored on secure servers located within Australia and are subject to appropriate access controls. Given environmental and security considerations, electronic records are used in preference to paper files, as this allows for encrypted storage, controlled access, and secure backup of client information.

I adhere to the Australian Counselling Association (ACA) Code of Ethics and Practice Guidelines in relation to the safe handling, storage, and retention of client records. A full copy of my Privacy Policy, including information about access to records and complaints, is available on my website [HERE](#).

#### **BOOKINGS**

How to Book: Appointments can be made online through the booking system. If you can't find a suitable time, please email me for availability outside regular clinic hours.



Sessions are available:

- Face-to-face
- Online
- Phone (audio only)

The booking system emails a reminder 3-days prior and SMS reminders 24-hours prior to appointments.

## FEE STRUCTURE

Individual Sessions (GST Inclusive):

- 30 minutes: \$75 (phone or online only)
- 60 minutes: \$145
- 90 minutes: \$180

Family or Relationship Sessions (GST Inclusive):

- 60 minutes: \$145 (1 adult and 1 child)
- 60 minutes: \$180 (2 adults +/- children)
- 90 minutes: \$210 (2 adults +/- children)

If you require additional session time, please book a longer session prior to the day of the appointment.

### Discounts:

- A 10% discounted fee applies for disability, pension or concession card holders
- A 10% discounted fee applies for *individual counselling* for children up to 16 years old
- Only one discount will be applied at any one time; discounts do not apply for NDIS funded clients.

**Private Health Rebates:** Private Health Rebates are now available with most major health funds; please check at the time of booking and with your health fund to see if you are eligible to receive a rebate.

Accounts need to be paid in full to claim and the paid invoice can then be submitted to your fund for claiming. The practice does not have access to directly claim at the time of the service.

**Changes to Pricing:** Fee structures are reviewed bi-annually and *may* change at the counsellor's discretion and all clients will be notified of any changes.

### Cancellation Policy:

- Cancellations made within 24-hours or failure to attend an appointment will incur the full fee.
- Cancellation fees may be waived at the counsellor's discretion.



### Payments and Financial Hardship

- Clients can pay fees by direct deposit up to 24 hours before the appointment; Direct deposit details will be included in the reminder email sent 3 days prior to your session (*Please note: direct deposit payments cannot be made on the same day as your appointment*).
- Cash, credit card and EFTPOS are available for same day payments; card facilities but may be subject to additional bank surcharges.
- Stored payment methods will be deducted automatically by 5pm the day prior to the appointment.
- For clients under 18, the legal guardian is responsible for payments.
- If care providers, Return to Work SA or another insurer is involved, reimbursement of fees is the client's responsibility if accounts are unpaid.
- Payment plans may be available for current clients at the counsellor's discretion by negotiation.
- If fees are unpaid within 14 days of service and a payment arrangement is not made, further appointments will not be made until the outstanding fees are paid.

### Out of Session Contact:

- Office hours are Monday to Friday 9am - 5pm. After hours, contact is limited to email only in relation to appointments (enquires, bookings, rescheduling or cancellations) and returning forms.
- Please note that text messages may not be answered promptly—use email, the online booking system, or log in to your Halaxy client portal to manage appointments and invoices.

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### AGREEMENT

By signing, you confirm that you have read, understood and consent to the terms of this counselling agreement.

Signature: \_\_\_\_\_

Name (Parent/Guardian if under 18): \_\_\_\_\_

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

**REGAIN BALANCE IS NOT A CRISIS SERVICE**

In an EMERGENCY call 000.

If you are in crisis, please contact LIFELINE 13 11 44.





# Patient Informed Consent

**Notice:**

Before we proceed with your appointment, I want to inform you about an important aspect of how we document our consultations. We utilize a note taking tool called Heidi to accurately and efficiently capture the details of our discussions and the outcomes of our appointments. Heidi ensures that we can focus more on our conversation and less on manual note taking, enhancing the quality of care you receive.

Your consent is crucial for us to use this technology. Please understand that your information will be handled with the utmost care, and Heidi's use is aimed solely at improving your healthcare experience.

By signing this consent form, you are agreeing to allow your clinician to use Heidi during your consultation.

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

Signature: \_\_\_\_\_

