



## **COUNSELLING AGREEMENT & FEE STRUCTURE**

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

This document serves as a formal agreement between:

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

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 you will be emailed which is 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.

**Private Information and Data Storage:**

All client information is stored securely in compliance with the Australian National Privacy Principles under the Privacy Act 1988. This ensures that client data is protected, and that it is only used or disclosed as required by law or with the client's consent. Counsellors must adhere to ACA guidelines regarding the safe handling and storage of client records. Client records are securely stored in line with the Privacy Act 1988 and the Australian National Privacy Principles. Your data protection is top priority, and all data collected is encrypted, securely and confidentially stored on servers located within Australia to comply with local jurisdiction requirements.



## 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)

**Appointment Reminders:** The booking system sends email reminders 3 days before your appointment and SMS reminders 24 hours prior.

## FEE STRUCTURE

### Individual Sessions (GST Inclusive):

- 30 minutes: \$70 (online and phone appointments only)
- 60 minutes: \$130
- 90 minutes: \$165

### Family or Relationship Sessions (GST Inclusive):

- 60 minutes: \$130 (1 adult and 1 child – no reduced fee applies)
- 60 minutes: \$165 (2 adults +/- children – no reduced fee applies)
- 90 minutes: \$195 (2 adults +/- children – no reduced fee applies)

### Reduced Fee (Pension/Concession Card/Under 16 (GST Inclusive):

- 60 minutes: \$115
- 90 minutes: \$150

### Additional Session Time:

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

### Discounts:

- A reduced fee applies for pension or concession card holders and 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:** Please check at the time of booking if your health fund can offer rebates.

**Changes to Pricing:** Fee structures are reviewed bi-annually and *may* change at the counsellor's discretion. Clients will be notified of any changes, and exceptions may apply upon mutual agreement with the counsellor.



### Cancellation Policy:

- Cancellations on the day will incur a minimum cancellation fee of 50% of the full session fee.
- Cancellations on a Saturday and/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 are responsible for paying fees on the day of service by cash, card, EFTPOS or direct deposit; however, stored payment methods will be deducted automatically the morning of the appointment.
- Sessions on Saturdays or long weekends will be deducted from stored payments methods or invoiced by 5pm prior to the day of service for payment.
- For clients under 18, the legal guardian is responsible for payments on the day of service. If another care provider or insurer is covering fees, reimbursement is the client's responsibility.
- 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 no payment arrangement is made, the counselling agreement may be terminated, and no further appointments will be made until the 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, etc.) and returning forms.
- Please note that text messages may not be answered promptly—use email, the online booking system, or log in to the 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.

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

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

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

**REGAIN BALANCE IS NOT A CRISIS SERVICE**

In an EMERGENCY call 000.

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





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# 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: \_\_\_\_\_

