

**Tel: 0438 029 365**

**Suite 7, 200 Scott Street QLD 4870**

**Client Information and Consent Form**

Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Gender: Male  Female:  Other: 

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Referred: Yes:  No: 

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenting Issue**

Please provide some general information regarding the presenting issue (what brings you to Self Synergy) on this occasion.

**Collecting and Holding Information**

As part of providing counselling services to you, Self Synergy needs to collect and record personal information from you that is relevant to your situation; such as your name, contact information, medical history and other information that is relevant to providing counselling services to you. The collection of personal information will be a necessary part of the counselling assessment and treatment that is conducted.

The personal information that is gathered as part of your assessment and treatment is kept securely and, in the interests of our privacy, used only by Self Synergy and the authorised personnel of the practice (as necessary). Your personal information is returned in order to document what happens during the session and enables Self Synergy to provide a relevant and informed counselling service to you. At any stage, you are entitled to access your personal information kept on file, subject to exceptions in relevant legislation.

**Confidentiality**

All information obtained during your treatment is kept confidential and secure, except when:

1. It is subpoenaed by a court, or disclosure is otherwise required or authorised by law;
2. Failure to disclose the information would, in the reasonable belief that Self Synergy places you or another person at risk of harm; or
3. Your prior approval has been obtained to:
	* + - 1. Provide a written report to another health professional or agency; or
				2. Discuss the material with another person i.e. a parent or employer.

**Assessment and Reports**

Self Synergy will not provide psychological assessments and/or psychological reports for insurance or legal related matters.

**Fees, Rebates & Cancellations**

The cost of a standard consultation is listed on the Self Synergy website. For clients accessing the service through an NDIS funding package, the fees are in accordance with current NDIS price guides.

When you make an appointment with Self Synergy, the whole appointment time is reserved exclusively for you. Please give as much notice as possible if you need to reschedule or cancel your appointment. If you do not give at least 24 hours (1 clear business day) of notice, you will be charged the full appointment fee.

Note: if you are unsure about any of the information in this consent form, please discuss this with Tania MacSweeney.

**Consent**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Information and Consent Form. I agree to the above conditions for the counselling services provided by Self Synergy.

Signature: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_