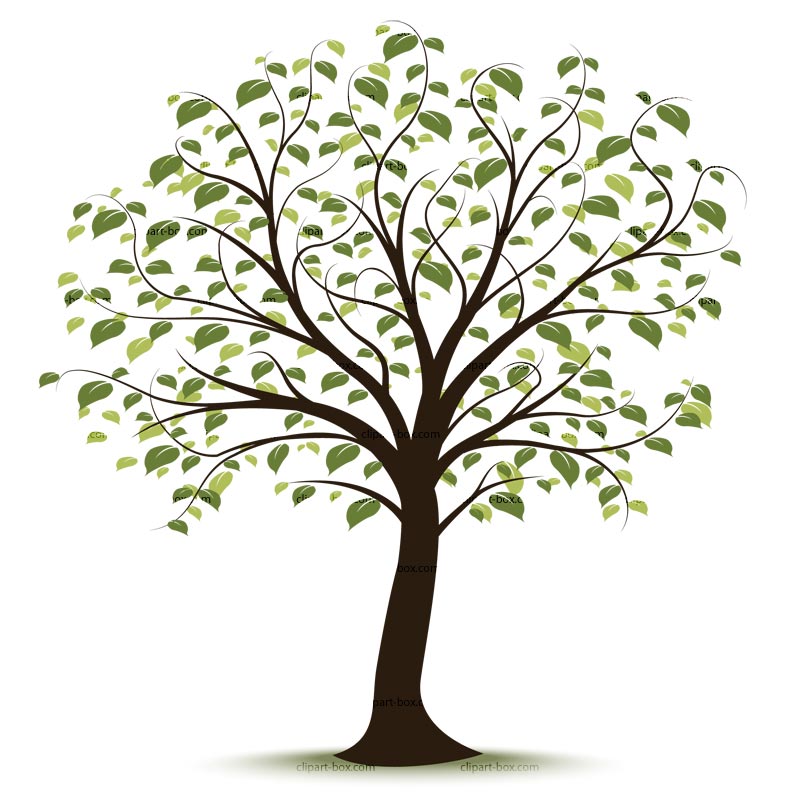
**[www.talkitout.co.nz](http://www.talkitout.co.nz)**

****[lisa.hill@talkitout.co.nz](mailto:lisa.hill@talkitout.co.nz)

New client info and consent

***Introduction***

Thank you for making an appointment.

Please take a few moments to read through and indicate acceptance by signing below. If you have any questions please do let me know.

***Nature of Services Provided and Emergencies***

I use a combination of contemporary evidence-based treatments including Cognitive-Behavioural Therapy (CBT) and Acceptance and Commitment Therapy (ACT).

My regulating body is the Nursing Council of New Zealand and I operate within their code of ethics. I am also a provisional member of the Drug and Alcohol Practitioners' Association Aotearoa-New Zealand (Dapaanz).

Prior to commencing treatment I will discuss my proposed treatment approach with you and ensure you understand the rationale for the approach, including any identified risks.

I will only provide services that are within my professional capabilities, and role as a private provider of mental health services. If treatment needs are identified that are outside of this scope I will discuss this with you and help you identify alternative suitable providers.

***Limitation to Services***

Treatment is provided via prearranged, scheduled appointments. I have limited availability for contact outside of scheduled appointments and may not have an opportunity to respond to between session contact prior to your next appointment so this should not be relied upon for emergency matters.

***Emergency Contacts***

For urgent concerns relating to your mental health or other emergencies please contact the appropriate emergency services:

Police, Fire, Ambulance (Emergency): 111

Crisis Resolution: 0800 920 092 (24/7)

Mental Health Line: 1737 (24/7)

***Appointments***

Initial Assessment - 60 mins $140.

Follow up session - 50-60 mins $110 - $140.

Initial Assessment(couples/families) - 60 mins $190.

Follow up session (couples/families) - 50-60 mins $150.

Clinical Supervision - 50 mins $140.

All prices are inclusive of GST.

I will invoice you after the session and payment is due within 3 working days. Invoices will be sent by email and I can accept cash or direct deposit to my bank.

In addition to scheduled appointments, if you require other professional services such as report writing, unscheduled telephone conversations that last longer than 15 minutes, or referrals to other services, additional charges will apply.

***Missed / Late Cancelled Appointments***

Appointments missed or rescheduled without 48 hours notice will incur a late fee of $50 which must be paid prior to your next scheduled appointment.

If you provide a mobile number or email address a reminder message will be sent a week before, then a further one 48 hours before your appointment.

***Frequency of Appointments***

The number and frequency of appointments will be discussed with you. This will be based on professional opinion once I have had an opportunity to understand your treatment needs and goals. Of course there are other factors to take into account such as your availability and cost. In many circumstances it can be difficult to predict a person's response to treatment and therefore the number of sessions they may require. We will discuss this on an ongoing basis.

***Confidentiality and Privacy***

Your treatment is confidential and private. This means I will not disclose the information you provide to me unless you consent for me to do so. Usually it is a good idea to let your GP know you are receiving treatment for your mental health as it also informs the care they provide you with.

It is important to note that there are limits to confidentiality in exceptional circumstances including when there is a risk to yourself or others or a serious criminal offence has been committed. I will discuss this with you during your first appointment and answer any questions you might have.

***Health Record Management***

Session notes will be kept securely which will record all relevant information relating to the treatment provided to you.

***Consent***

Please sign below to indicate you have read, understood and accept the information contained in this agreement. You may withdraw this consent at anytime.

Your Name

Signature\*

Date: