

DISCLAIMER AND PSYCHOTHERAPY/COUNSELLING AGREEMENT

thepsychotherapist is a private, independent, and confidential service designed to help you address your concerns and learn effective personal and interpersonal coping strategies.

Please read the following information carefully before signing below. If there is anything that you are unsure of, please ask before signing.

Confidentiality - I understand that *thepsychotherapist* will protect my private and confidential information by all reasonable means.

thepsychotherapist will store and maintain my electronic and/or hardcopy information in accordance with the Australian Privacy Act (1988) and the National Privacy Principles (2001).

I also understand that confidentiality means that information will be communicated or disclosed to others only with my informed consent. Exceptions for disclosure include the following legal and/or ethical obligations:

- Knowledge or suspicion of child abuse or neglect
- Declared intent to seriously harm oneself or a someone else
- A court order or subpoena to release a file

Emergency Situations - If at any time, I am in a crisis and require emergency assistance, I will not rely **solely** on *thepsychotherapist* team and will seek appropriate assistance elsewhere (for example, by phoning Emergency - '000'; Lifeline 24-hour crisis counselling line - **13 11 14**; or a local doctor/hospital)

If *thepsychotherapist* feels my issues warrant the service of another health professional such as a Clinical Psychologist, where appropriate, I will be referred to other relevant services in the community.

Psychotherapy and Counselling Federation of Australia Code of Ethics and Complaints Procedures. The employees at The Psychotherapist will also be accountable to the PACFA Independent Complaints Tribunal, should a complaint arise.

Payment and Fees

Fees are currently \$130 for Individual in person 50-minute session, and \$100 for a 60-minute online session. Couple / Family \$160 in person 50-minute session and \$130 for a 60-minute online session.

Full payment by bank transfer for professional services is expected a day before our session starts.

Electronic payment can be transferred to NAB:

BSB: 086006 ACC 409605822. Please state your full name and date of session in the recipient box.

If you do cancel without 48-hour notice, the time is lost and, except in an emergency or illness, you will be charged.

I have read and understood the above information and agree to the conditions for counselling/psychotherapy.

Name.....

Date of Birth.....

Date.....

Occupation.....

Signed.....