Informed Consent and Counselling Agreement

As part of any relationship it is important for all parties to understand what is involved. I have therefore created this agreement which will help ensure we are clear on what to expect, what rights we all have. Please read this document carefully and if you have any questions at all please ask. If you need to consult someone else before signing this document please feel free to do so.

Termination

Therapy is a process managed and controlled by you. You can terminate the process at any point in time. If you have scheduled appointments then you must cancel these as per the cancellation policy. If you have positive or negative feedback I would appreciate hearing from you so I can ensure my service is as relevant as possible to women. The therapist likewise has the right to cancel the service provided at any time. This would normally only ever occur as part of a referral process to a service more relevant to meeting your needs.

Referrals

Referrals are an important part of any therapeutic relationship. From time to time you and your therapist may decide you need help from other professionals or it may be determined that your experiences cannot be addressed within the current counselling relationship. Any referrals made will be made in full consultation with yourself and with full respect to your right to privacy.

Client Responsibilities

The therapeutic process is a relationship between client and therapist. As part of this relationship you also have responsibilities.

In order for your sessions to be of value it is important that you keep the following in mind:

- Be as honest as possible with yourself and your therapist
- Discuss with your therapist any concerns you may have about counselling.
- Provide any feedback that might be relevant to the support you are receiving.
- Come to your sessions on time. If you are late for any reason, the session may not be able to be extended to cover the period of lateness.

Confidentiality and Privacy

Your therapist is required to keep all of your personal information private; it shall not be shared with anyone without your prior consent. There are however a number of exceptions to confidentiality; these include:

- When you provide consent for your therapist to disclose personal information
- When disclosure is required for the protection of a child
- When there is a legal requirement to disclose. For example a court order or subphoena.
- To prevent a clear and imminent danger to yourself or others
- Your records will be kept for a minimum of 5 years in a secure and safe location.
- Your records will then be destroyed in a manner that protects your privacy

Limits of Confidentiality

If you are involved in a court proceeding (for example Family Law or Child Protection matters) and a request is made for information concerning the professional services. I must comply with a subpoena that has been properly served on me or any court order requiring the disclosure.

There are other times when I am permitted or required to disclose information without either your consent or Authorization:

- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim, and the services I am providing are relevant to the injury for which the claim was made, I must, upon appropriate request, provide a copy of the client's record to the client's employer and any other statutory organization.

Duty of Care

There are some situations where I have a legal obligation to take action. If I believe there is a need to protect others from harm I may have to reveal some information about a client's treatment. These situations are unusual in my practice.

- If I have reasonable cause to believe that a child has suffered or is currently suffering from abuse or neglect, I will contact either the Department of Child Safety or the Police.
- If I reasonably believe that there is an imminent danger to the health or safety of the client or any other individual, I may be required to take protective actions. These actions include contacting the police, seeking hospitalization for the client, or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss this with you before taking any action and I will limit my disclosure to only what is absolutely necessary.

Safety

During therapy sessions, it is critical that both the client and therapist feel safe from all types of abuse. If at any time you or your therapist do not feel safe you both have the right to interrupt or end the session as you see fit.

Intellectual Property

Some of the materials used as part of the therapy process are copyright. You are therefore not allowed to use or reproduce any of the materials, documentation, processes, techniques etc except for your own personal use. Please ask the therapist prior to sharing any materials.

Appointments

Please note that if you forget your appointment, arrive late, or give less than 24 hours' notice of your inability to attend, you will be charged the full fee for this session due to this time being set aside for you (Medicare will not cover missed or canceled sessions). If you need to reschedule your appointment please advise Her Time as soon as possible, this enables others who are waiting for appointments to be fitted in.

Contact

I am not always available by telephone. When I am unavailable, my telephone is answered by voicemail. I will make every effort to return your call as soon as I am able. If I am unavailable and you are physically or emotionally unsafe, please contact your GP, enact your safety plan and/or contact 000 immediately.

If it is unsafe for me to contact you, leave a message, or send you a text or an email, please advise me immediately. If it is difficult to reach you due to your work or life commitments, please inform me of some times when you will be available.

Emergencies and Risk

If there is an emergency while we are working together, or if I become concerned about your personal safety, I am required by law and by the ethics of my profession to contact your emergency contact person. I am also required to contact this person or the authorities if I become concerned about you harming someone else. Please let me know the name and information of your chosen contact person.

The space at Her Time is for you so in the creating a safe and comfortable space for women, I do not encourage the waiting of support persons on the premises, however I understand that coming to counselling may be quite daunting, so please discuss this with me prior to your appointment if this is the case for you.

If at any time you feel that coming to counselling may make you or the counselor unsafe, for example being followed here, please talk to the counsellor immediately on becoming aware of any risk.

For your and your therapist's safety, if someone you know comes to the counselling premises without prior arrangement or knowledge, they will be asked to leave and if they refuse to do so, the police will be called.

Medicare/Fees

If you have a MHCP (Mental health Care Plan) you permission Her Time Pty Ltd to bulk bill the medicare component of the fees direct to medicare. You also provide permission for Her Time Pty Ltd to contact medicare to obtain your medicare card details as needed to bulk bill. The out of pocket expense is payable on completion of the appointment.

Client Consent Statement

I have read this statement, had sufficient time to be sure that I considered it carefully, asked any questions that I needed to, and understand it. I understand the limits to confidentiality required by law. I agree to pay all fees associated with my therapy. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I am over the age of eighteen.

Client Name:	or Guardian Name:
Client sign:	Date: