***Information and Consent Form***

***What to expect***

A psychotherapist/Clinical Counsellor can assist you to deal with aspects of your life that are affecting you and getting in the way of you positively moving forward. At Conversations for Change you will be guided through conversation and careful questioning to help you understand your issues and support you to work towards solutions. This service offers a confidential, non-judgmental relationship and a safe place to discuss your situation.

***Payment:***

*Payment is required at the time of each appointment and can be made by credit card or bank transfer.*

***Cancellations:***

In the interests of all clients having access to available appointments, cancellations with less than 24 hours’ notice or non-attendance of a scheduled appointment, will incur a $50.00 fee.

Client File Information

As part of providing a service to you, information is gathered as part of the assessment and treatment of your situation or condition and is seen only by the psychotherapist. The information is retained in order to document what happens during sessions and enables the psychotherapist to provide a relevant and informed service. At any stage, you as a client are entitled to access to the information about you kept on file, unless the relevant legislation provides otherwise. The psychotherapist may discuss appropriate forms of access with you.

**Confidentiality**

All personal information gathered by the psychotherapist during the delivery of service will remain confidential and secure except where:

1. It is subpoenaed by a court, or

2. Failure to disclose the information would place you or another person at serious and imminent risk; or

Your prior approval has been obtained to provide a report to another professional or agency or discuss the material with another person, eg. a parent or employer; or if disclosure is otherwise required or authorised by law.

 I have read and understood the above Information and I agree to these conditions for the service provided by Conversations for Change.

Client Signature

Date

Guardian Signature

Date .

Note: **If you are at all unsure of what is written on this page, please discuss it with your psychotherapist.**

Surname: Click or tap here to enter text.

First Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Gender: M / F / Other: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone/Mobile: Click or tap here to enter text.

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Emergency Contact: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Phone/Mobile: Click or tap here to enter text.

GP’s Name: Click or tap here to enter text.

GP’s Address: Click or tap here to enter text.

Do you give consent to share information with your GP? **YES / NO**

Name of private health fund for Extras insurance (if applicable): Click or tap here to enter text.

How did you hear about this service: : Click or tap here to enter text.

I declare that all the information in this form is correct to the best of my knowledge.

Client Signature

Date

Guardian Signature

Date