Sally Morley
Psychotherapist | Clinical Counsellor

Conversations for Change
ABN: 97697891617

C4C

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, e.g., 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.**

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First Name: _____

Family Name: _____

Address_____

Phone/Mobile _____

Email _____

DOB _____ Gender M / F Other_____

Emergency
Contact_____ Relationship _____Ph/Mobile _____

Doctor_____ Practice Address _____

Do you consent to your psychotherapist sharing information with your doctor? YES / NO

Are you currently receiving other counselling, psychotherapy, psychology or psychiatric services? YES / NO

Details: _____

Name of private health fund for 'Extras' insurance (if applicable) _____

Name of person/organisation who referred you to this service? _____

Permission to Exchange Information with the following people or organisations in relation to psychological assessment and/or therapy:

- General Practitioner (GP)
- Other:
- Other:

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

Client Signature …… Date ……

Guardian Signature …… Date ……