**THERAPY CONSENT FORM**

**Counselling Services**

As part of providing counselling services to you, ALY'S PLACE needs to collect and record personal information from you that is relevant to your situation, such as your name, contact information, medical history, and other relevant information. This collection of personal information will be a necessary part of the therapeutic assessment and treatment that is conducted.

**Purpose of collecting and holding information**

Your personal information that is gathered as part of your assessment and treatment, is kept securely and, in the interests of your privacy, used only by your counsellor and the authorised personnel of the practice (as necessary). Your personal information is retained for documenting what happens during sessions, and enables the counsellor to provide a relevant and informed counselling service to you.

**Consequence of not providing personal information**

If you do not wish for your personal information to be collected in a way anticipated by this letter or the Privacy Policy, ALY'S PLACE may not be able to provide counselling services to you. You may request to be anonymous or to use a pseudonym, unless it is impracticable for ALY'S PLACE to work with you, or if is required, or authorised by law to deal with identified individuals.

**Access to client information**

At any stage, you are entitled to access your personal information kept on file, subject to exceptions in the Health Records Act 2001. The counsellor may discuss with you different possible forms of access.

**Disclosure of personal information**

All personal information gathered by the counsellor during the provision of the counselling service will remain confidential except when:

1. it is subpoenaed by a court; or
2. failure to disclose the information would in the reasonable belief of ALY'S PLACE place you or another person at serious risk to life, health or safety; or
3. your prior approval has been obtained to

a) provide a written report to another professional or agency. e.g., a GP or a lawyer; or

b) discuss the material with another person, eg. a parent, employer or health provider; or

c) disclose the information in another way; or

4. you would reasonably expect your personal information to be disclosed to another professional or agency (e.g. your GP) and disclosure of your personal information to that third party is for a purpose which is directly related to the primary purpose for which your personal information was collected; or

5. disclosure is otherwise required or authorised by law.

Your personal information is not disclosed to overseas recipients, unless you consent or such disclosure is otherwise required by law. Your personal information will not be used, sold, rented or disclosed for any other purpose.

**Fees**

The cost of a consultation, which is usually around 45 or 90 minutes, is payable at the end of the session by cash, direct deposit, EFTPOS or credit card (Master card and Visa only). If payment is covered by a third party, ALY'S PLACE will make suitable arrangements with this party and inform you of them.

**Cancellation Policy**

If, for some reason you need to cancel or postpone your appointment, please give the counsellor at least 24 hours/ 1 days’ notice, otherwise you will be charged a $50 cancellation fee. In the event that you do not provide any notice, you will be charged the full amount of the consultation fee.

I, (PRINT NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood this Consent Form. I agree to the above conditions for the counselling services provided by the counsellor at ALY'S PLACE.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_