



CONSENT FORM

The following information is presented to ensure you have a clear understanding of the relevant issues regarding the provision of counselling and supervision services by Emily Stanley.

Confidentiality:

As part of providing a professional service to you (counselling and supervision), it will be necessary for me to gather and document personal information relevant to your current situation. This information will form an important part of our work together and contribute towards providing you with a quality service.

You may access the material recorded in your file upon request, subject to the exceptions in the National Privacy Principle 6. All personal information gathered by me during the provision of professional services will remain confidential and secure except when:

- It is subpoenaed by a court, or
- There is a perceived risk of harm to yourself or another person, or
- Your prior approval has been obtained to:
 - Provide a written report to another professional or agency, e.g. a GP or lawyer;
 - Discuss the material with another person, e.g. a parent or employer.

In order to reflect on and develop my practice, I may discuss client information in a non-identifying manner with my professional supervisor. If you do not want this to happen, please indicate by checking the box below.

I do not wish my personal information (non-identifying) to be used by Emily Stanley for the purpose of training or professional development.

Fees:

The cost for a 50min counselling session is \$165. The cost for a one-hour professional supervision session is \$190 (+GST). The fee is payable by direct debit. In the case of an organisational payment, an invoice will be issued at the completion of the session.

Cancellation Policy:

If for some reason you need to cancel or postpone your appointment, please give at least 48 hrs notice. Appointments rescheduled with less than 48hrs notice will incur a \$82.50 fee. Appointments rescheduled with less than 24hrs notice will incur a full session fee (\$165), unless you are unwell or caring for someone who is unwell.

I, (print name in block letters) have read and understood the above Consent Form. I agree to these conditions for the services provided by Emily Stanley Counselling.

Signature: Date:

Please note: If, after reading this page you are at all unsure of what is written, please discuss it with me.