

# CONSENT FORM & PRACTICE INFORMATION FOR ADULTS AND COUPLES.

My practice is managed according to the Code of Ethics and Guidelines for Professional Practice of the Australian Association of Social Workers (AASW). I am committed to protecting your privacy in accordance with the Privacy Act 1998, the Australian Privacy Principles 2014 and the privacy provisions of all applicable legislation.

My primary training is in Social Work. I am also an accredited Mental Health Social Worker. I have further qualifications in Couple Therapy and Parent and Infant Mental Health.

## Confidentiality and Privacy Statement

In order for us to work together I will need to collect information about you so that I can thoroughly assess your situation and provide you with therapy:

1. Initially, I need to take and record personal information such as your name, address, date of birth and contact details.
2. I will also need to take a detailed history from you, and during the course of therapy I will record notes around the developments in therapy.
3. In addition to our therapeutic work your information will be used for the administrative purposes in running my practice, including billing.
4. I will pay the utmost respect to your right to a relationship of trust, especially privacy and confidentiality and for the respectful and responsible use of any information you provide to me.
5. As such, all information given to me will be kept confidential, except:
  - If you attend under the Federal Government's Medicare Mental Health Care Plan, I am required to correspond with your General Practitioner and I have two evaluation forms and a review letter that I send to your GP.
  - If after a discussion with you I believe that you or another person is at risk, I would need to disclose this information to the appropriate professional, organisation or authority.
  - If a court subpoenas information about you. If this happens, any information that I am required to disclose will be fully discussed with you.
  - With your consent to either provide a written report to another professional or agency, or to discuss material with another professional, agency or private individual.
6. To maintain and build on my professional standard of practice I discuss my work with senior colleagues. This is done in a way that ensures client anonymity and the material remains strictly confidential. (as per AASW Code of Ethics and Supervision Standards)
7. I will take all reasonable precautions to ensure that notes/records are stored safely and securely whilst we are working together. This information will be kept for seven years after the completion of our work and will then be destroyed.
8. If you wish to access the personal information kept about you please discuss this with me before putting it in writing. I will endeavour to comply within 30 days.

## The Therapy Process

1. I will meet with you initially to try to understand your presenting concerns as well as take a detailed history from you. This time is an opportunity for us to begin to think together psychologically about the issues that are concerning you. As part of this process I will reflect back to you a psychological way for you to view your current situation and suggest the strategies and skills that would help you.
2. Upon agreement of working together, sessions are agreed upon for a particular day(s) and time (s).
3. All missed or cancelled sessions will be charged at the usual fee unless 24 hours notice is given. (I would appreciate if you could let me know asap if you are unable to attend a session.)
4. As part of the treatment we will look at increasing your stress-management skills, however if you need urgent assistance in between appointments please contact your GP, local Crisis Assessment Team (CAT) or go to the emergency department of your nearby general hospital.
5. I generally take four to six weeks annual leave over the Christmas period and a week over school holidays during the year. I will provide you with advance notice of my leave.

## Fees

Your fee for each session will be \$150.00 or \$130.00 concession. You can pay by eftpos or direct transfer and I will provide an invoice and receipt.

My fees are reviewed and increased annually.

**Name:** -----

**Address:** -----

I /we have read and understand the information provided regarding privacy, and collection of personal information and I/we agree to the structure and conditions described above.

Signature/s: -----

Date: -----