

Counselling Service

As part of providing counselling services to you, Counsellor will need to collect and record personal information from you that is relevant to your current situation. This information is a necessary part of the case noting and for supervision purposes.

Counsellor is determined to create a safe, respectful, trustworthy environment for client to express, disclose about their presenting matters. For counselling, it is your responsibility for the willingness and readiness of change and counsellor is not entitled to a fixed outcome instead, to facilitate transformation, change and achieving personal goals.

Counsellor adapted Integrated approach, however, Person-centred and Acceptance & Commitment therapy, and Family system theory are the foundation of our practice. If a client has any question regarding the mentioned approaches, our counsellor will be more than happy to discuss it with you.

This consent is made for protecting your privacy and serve as a record if any legal matters or situation where insurance needed to be involved.

Confidentiality

All personal information gathered by your counsellor during the provision of the services 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 someone else at serious and imminent risk and harm, or
3. Your prior approval has been obtained to
 - a. Provide a written support letter to another professional agency (e.g., GP or support agencies) upon request.
 - b. Discuss the material with another person, e.g., a parent or support agencies; or
4. Disclosure is otherwise required or authorised by law.
5. Private supervision for maintaining counsellor's practice quality.

2 | CONSENT FORM

Due to confidentiality and privacy laws, Counsellor cannot release any information provided unless you give your written consent. You have the right to revoke consent at any time and for the release of information to any third parties. Please select from the following prior to signing:

- ☐ I consent for Counsellor to take notes during/after the sessions and keep these in a secure confidential file.
- ☐ I consent for Counsellor to discuss your case in clinical supervision.

FEES AND CANCELLATION POLICY

The cost of your appointment is required to be paid at the conclusion of your appointment by cash or bank transfer. Cancellations and rescheduling of appointments less than 24 hours prior to your scheduled appointment will incur a cancellation fee. This fee is the half-fee which would have been charged for the service. Cancellation fees are *not* able to be claimed under Medicare, Private Health or any other Insurance Scheme. You will be liable to pay the full amount at your next attendance.

I, _____, have read and understood the above consent form. I have been provided with opportunities to discuss this with my therapist. I agree to these conditions provided by Solitude Counselling, Counsellor Tim Chu.

Full Name: _____ **Signature:** _____

Date: _____

Client intake form

Date:

Client Details	
Name:	DOB:
Gender:	Culture background:
Email:	Emergency contact:
Marital Status:	I had counselling session before:
	YES <input type="checkbox"/> NO <input type="checkbox"/>

Optional: Please consider client's willingness to share	
Alcohol and Other Drugs	Legal

Understanding of Mental Health
Please consider diagnosis or clients understanding of own mental health, insight:

Finances		
Financial Income		
Job Seeker <input type="checkbox"/>	Age Pension <input type="checkbox"/>	Other: Employed: FT <input type="checkbox"/> / PT <input type="checkbox"/> / Casual <input type="checkbox"/>
Disability Support Pension <input type="checkbox"/>	Carer Allowance <input type="checkbox"/>	
Parenting Payment <input type="checkbox"/>	Youth Allowance	

The same conditions apply based on the consent form.

Tim (Tin Hang), Chu

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