

## **SERVICES AGREEMENT**

Welcome to your first session at Re-Nov8! This document provides information about our services; please review it carefully, and feel free to ask any questions!

### **About our Services**

The potential benefits of counselling & psychotherapy are many and include improved personal functioning, relationships, self-image, mood, and the attainment of personal goals. However, in some cases persons have reported feeling worse after counselling. Clients understand that healing and growth is challenging, and some discomfort will likely be a part of the counselling process.

### **Confidentiality / Personal Health Information**

All communications and records with your therapist are held in strict confidence. Information may be released, in accordance with applicable law, when:

1. the client signs a written release indicating consent to release
2. the client expresses serious intent to harm self or someone else
3. there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult
4. to acquire payment for services or for billing purposes, or
5. a subpoena or court order is received directing the disclosure of information.

To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

**Electronic Communication.** Electronic communications, both telephone and Internet (including email), are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. Therapists at Renovate Counselling & Psychotherapy usually communicate with clients using these mediums. If you would prefer not to be contacted by telephone or email, please inform your therapist and we will honour this request.

**Client Follow Up.** Your therapist may "follow up" with you after counselling sessions have ended. Hence, follow-up calls may be made following one, three or six months after your last session to check-in with clients if the benefits achieved during therapy is sustained. In addition, a team member from our organisation may call to ask for your feedback on your experience at Renovate Counselling & Psychotherapy. If you would prefer that Re-Nov8 not contact you, simply inform your therapist and your preferences will be respected.

### **Scheduling and Cancellations**

Scheduling an appointment is a commitment that both therapists and clients honour. Appointments may be cancelled or rescheduled 72 hours prior your scheduled appointment. If sessions are cancelled within 24 hours of your scheduled session, or if a client misses a session, the client agrees to pay the full fee for the session. Appointment rescheduled within 2 hours of the scheduled session may attract a room reservation fee of \$25.00. Please note that exceptions to this policy may be considered in the instance of a serious medical emergency, or serious family emergency.

### **Work Agreement**

The client hereby makes a commitment to commit to and engage in the therapy process as a priority. Please note, behaviours showing lack of commitment usually results in waste of time and resources for the client and may not achieve the intended therapy goals.

**Conflict Resolution.** At Renovate Counselling & Psychotherapy, we strive to ensure a positive experience for all our clients. However, in the event of conflict, appropriate dialogue shall be engaged to provide resolution between the parties involved. If these negotiations are not satisfactory, the contract shall be terminated by mutual agreement to the same.

### **Emergency Contacts**

Your therapist will establish emergency contacts for you in the event of the need to contact your therapist. However, in the event of crisis (life-threatening or similar emergencies), please contact Life-Line Australia on 13 11 14 or emergency services on 000.

### **Service Fees**

Payment is due at the time of your scheduled session. We encourage payment to be made before your session so as to limit any disruption to your emotional experience and motion after the session. The preferred method of payment is by EFTPOS using your VISA or MASTERCARD. The client understands that they may not be able to reschedule a therapy session if payment of previous session is pending.

**The therapist and client have read, understand and agree to honour the terms of this agreement.**

ClientName(s) \_\_\_\_\_

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

ProviderName \_\_\_\_\_

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