

CLIENT THERAPY CONTRACT

Welcome to Renovate Counselling & Psychotherapy

This document contains important information about the practice and our services to you. Please read it carefully and note any questions you might have. These can be discussed at your scheduled appointment. Signing this document will represent an agreement between you and your therapist. **Please print off the signed contract and bring it to the first session.**

THE FIRST SESSION

You can expect a relaxing environment at **Renovate Counselling & Psychotherapy**. The counselling session is about you and what you want to discuss or disclose. It is important that you turn up **ten minutes** before the session so as to give yourself time to quieten and relax.

WHO USE OUR THERAPY SERVICES

Those who are five years and upwards can be counselled at **Renovate Counselling & Psychotherapy**. Under law children must have signed parental authority.

At **Renovate Counselling & Psychotherapy** you are in charge of working with your therapist in a collaborative way towards agreed goals. After the sessions you may feel tired. This is very normal as you are possibly discussing emotional areas of your life which are intensive.

PAYMENTS

Payments are expected on the day of the appointment. We have found it best to take payments before the session. We do not want to disrupt anything that has happened in the session immediately afterwards.

Costs for **Renovate Counselling & Psychotherapy** have been outlined below:

1. Individual Therapy (50 minutes)

- First session - \$180.00
- Subsequent sessions - \$150

2. Couples Therapy (1hr)

- First session - \$220
- Subsequent sessions - \$200/hr
- Subsequent sessions - \$300/1hr 30mins.

3. Group Therapy (6-12 weeks)

- \$70 per person/hr (for a group of 5-15 persons) for a 2-hour session per week.

Preferred payment options: EFTPOS - Visa, MasterCard.

APPOINTMENTS

- All appointments are scheduled and not on a walk-in basis. It is most important to maintain regular sessions, whether it is once a week or once a month.
- If you are rescheduling on the day of the appointment there will be a charge of \$25 (room reservation) unless agreed between the therapist and the client for extenuating circumstances.
- Cancellation within 24 hours before the session will attract a full session fee. The therapist will decide if you have indicated an extenuating situation.
- If you do not attend the booked session, a full session fee will be charged.

ENDING YOUR SESSIONS

When you feel ready to end your sessions at Renovate Counselling & Psychotherapy, please discuss this with your therapist. It is important to have closure both for you and your therapist rather than just not returning.

CONFIDENTIALITY

The privacy of all communication between you and your therapist is protected by law. Your therapist may take notes throughout the session. You will be asked if this is okay for you. These will then be professional records for the purpose of references for the therapist.

Any information can only be disclosed to others by law if;

1. If a client is threatening serious bodily harm to another or themselves or under the threat of being seriously harmed.
2. Under a legally binding court order to disclose the notes, give a testimony or deposition.

3. When the therapist is seeking professional advice from a mental health professional supervisor. Names are not usually revealed in these cases.

EMERGENCY

If you are experiencing a crisis, then you can call on 0412 723 832. Usually an appointment can be made within 24 hours. If you need immediate attention, please go to a medical clinic within your area or call lifeline.

METHODS OF COUNSELLING

Individual Therapy is a one-on-one session with your therapist. You have the option to opt for counselling over the phone or on Zoom. The current charges apply and payment must be made before the session. The time of the phone/ Zoom session must be agreed on between the therapist and the client.



COUNSELLING & PSYCHOTHERAPY

**Agreement to
RENOVATE COUNSELLING & PSYCHOTHERAPY
CONTRACT**

I have read, understood and agree with the information contained in this contract and I consent to commit to therapy sessions at **Renovate Counselling & Psychotherapy**.

Name: (please print) _____

Phone: _____

Email: _____

Signature: _____ Date: _____