

#### **Terms and Conditions**

### **Contacting the Therapist**

During business hours, the therapist may be contacted via email, telephone, website or text to arrange ap- pointments or for brief discussion regarding any questions you may have about the service. Voice mail may be left if the therapist does not answer the contact during this time. Messages will be returned as soon as practicable within 24hrs. Outside of business hours the therapist is unable to provide crisis contact services. Please follow any previously discussed safety plans for coping with distress, and call helplines if experienc- ing any thoughts of harm to self or others.

# **Privacy & Collection and Storage of Information**

For the purposes of providing counselling services, it is necessary for Relational Insight to collect demo-graphic information such as name, address, telephone number, date of birth, and a mobile number for an emergency contact. This information is stored digitally on management software that is encrypted and com-plies with Australian standards for the storage of health information. Client case notes are also stored in this way. If any information is received in a physical format (e.g. letters of referral) these will be stored in a locked filing case. Information will be stored for a minimum of 7 years after last contact, then securely de-stroyed. Clinical information will not be transmitted via unencrypted email and is only shared with other health professionals via Secure Messaging with your written consent. Unencrypted email may be used to transmit psychoeducational materials that are relevant to you and have been discussed in session. Your pri-vate information is confidential and is not shared with any other party unless you give written permission or make written request, or it is subpoenaed by a court of law. Exceptions are made in the case of duty of care, where there is reason to believe that you, or others, are at risk of significant harm. Your Therapist attends regular supervision as a requirement of professional membership. Client information is de-identified and anonymous if shared in supervision.

# Reporting

Your therapist is a register mandatory reporter and is required by the stipulations of his registration to dis-close content where the safety of the client and or others is at risk of harm. Your therapist will inform you at the time of disclosure that a report will be made before doing so.

### Keeping you safe

Face-to-Face/ Therapy in Nature: It is necessary for risk management purposes, for you to inform the counselor of an available emergency contact for the duration of and prior to each session. If during the ses- sion the therapist becomes concerned for your safety, there will be a discussion about risk and an assessment will be made on whether to call the emergency services or your designated emergency contact.

Online Therapy: It is necessary, for risk management purposes, for you to inform the therapist, prior to commencing each online session, of your location at that time, i.e. your physical address. If during the coun- selling session the therapist becomes concerned for your safety, there will be a discussion about risk and an assessment will be made. If for some reason the online session is interrupted during a risk assessment, then the therapist will attempt to contact you via telephone. If unable to reach you within 10 minutes, the therapist will contact your emergency contacts and/or local ambulance services. If at any time you experience thoughts of harming yourself or others then please contact local emergency services such as Lifeline, Mental Health Line, or Suicide Call-back Service.

### **Appointments**

Appointments are made for 50 minutes. The initial session may extend to 80 minutes to allow you to share your story for the first time, and to get to know the therapist. There is no obligation to book any subsequent sessions. It is up to you to decide if the service is helpful for you and how much support you need.

#### Cancellation

If you need to cancel a session, please give **24hrs notice, via text message and email.** You will be sent a reminder text or email the day before. Please let the therapist know if you would prefer not to receive a re- minder.

Full hourly rate penalty applied, plus surcharge (if applicable) for No Show and non-receipt of notice to can- cel by email or text message, within 24 hours of your scheduled appointment. 50% fee penalty for cancellation and receipt of notice to cancel by email or text message, within 24hrs notice prior.

## **Preparing for Online Sessions**

A link will be sent you to via text prior to the appointment. You will need internet access via computer or mobile that has a working camera and microphone. Please make sure that you have a well-lit space where privacy and comfort is possible, being aware of what may be in the background of your camera shot. Ensure that the screen will capture a complete head and shoulders view of you. Have a drink of water or a cuppa nearby. A pen and some paper might also be helpful if you want to write down any thoughts. Preparing your- self with some quiet time beforehand, and some space to yourself to reflect afterwards, may help you to make the most of the counselling process.

#### Payment of Fees

See pricelist for more details. Subsequent sessions may be entitled to a concession if you are not currently working full time, or you receive a pension. Payment is by bank transfer on invoice, or via credit card at the end of face-to-face sessions and or online. No credit card details are recorded or retained by the secure bill- ing system, so they will be requested for each payment, if this is your preferred option.

Non-payment of invoices will result in a request for prepayment for subsequent sessions and or incur a pen- alty of 30% of the total bill for each generated unpaid invoice past the original due date.

#### Consent

I have read the Relational Insight Client Information sheet and I consent to:

- The Relational Insight privacy policy as outlined above, including the collection of my private in- formation for the purposes of providing counselling services.
- Truthfully sharing my location and contact information prior to any online session.
- Taking responsibility for the privacy of my own space while engaging in a online session.
- The therapist contacting me via telephone, text, or email for the purposes of ensuring my safety if there are concerns about risk.
- The therapist contacting my nominated emergency contact via telephone for the purposes of ensur- ing my safety if there are concerns about risk.
- The therapist arranging appointments via telephone, text, or email. (May specify).
- Receiving reminders via text and/or email prior to appointments. (May opt out).
- The therapist informing me via telephone, text, or email if there have been changes to the counsel- ling service. (May opt out).

Please contact the therapist if you have questions about any areas of the policy, or you wish to opt out of any contact methods.

\*If you have received Terms and Condition via email, please reply with 'CONSENT GRANTED' in the subject line, prior to the initial session.

Client Name:	
Signature:	
Date:	
Therapist Name:	
Signature:	
Date:	