

CLIENT INFORMATION AND CONSENT FORM

Sessions:

I recommend that clients commit to at least six sessions, however this may vary according to your own personal goals.

Fees:

Initial Consultation: Individual Counselling	\$145
Standard Consultation: Individual Counselling	\$130
Initial Consultation: Relationship Counselling	\$165
Standard Consultation: Relationship Counselling	\$150
Supervision: Standard Consultation	\$130
Group Supervision (2.5 hours)	\$110

Late cancellations (less than 24 hours notice) will require payment of 50% of the scheduled fee. Forgotten appointments will require full payment.

Confidentiality

All personal information and notes gathered by the counsellor during the provision of the counselling service will remain confidential and secure, except when:

- It is subpoenaed by a court, or
- Failure to disclose the information would place you and/or another person at risk, or
- Your prior approval has been obtained to
 - Provide a written report to another professional or agency, eg. A GP or a lawyer; or
 - Discuss the material with another person, as agreed

Feedback / Complaints Procedure

Should you have a grievance with me, I would welcome your feedback and an opportunity to discuss and address your concerns. However, if you feel that you cannot approach me, or that your concerns have not been responded to appropriately, you may lodge a complaint with the Health Complaints Commissioner, by filling out an online complaints form (www.hcc.vic.gov.au) or contacting the Commission directly on 1300 582 113 between 9am and 5pm Mon-Fri.

The General Code of Conduct for Health practitioners is available here:

https://hcc.vic.gov.au/sites/default/files/media/general_code_of_conduct_-_a3_4.pdf

Consent:

I have read the General Information about Cheryl Taylor and her approach to Counselling and I agree to engage her services as a Counsellor/Psychotherapist. I understand that my private information will be treated as confidential, except in circumstances indicated above.

I have read, understood and agree to the information provided in this Consent form.

Name:

Signature:

