



Service Agreement and Informed Consent for Counselling

This Agreement is made between:

Counsellor's Name: _____

Practice Name: _____

Client's Name: _____

Date of Agreement: _____

Purpose of the Agreement

This agreement establishes the terms and conditions under which the counsellor will provide professional counselling services to the client. This document provides essential information regarding the clients participation in therapy and seeks the clients informed consent to begin counselling services with, Immerse Counselling.

1. Service provided and Purpose of Counselling

The counsellor agrees to provide counselling sessions focused on the client's needs.

The counsellor will use evidence-based practices and therapeutic approaches that are appropriate to the client's needs.

The purpose of counselling is to help the client explore and address personal, emotional, or psychological concerns regarding their Mental Health. The counsellor will work with the client to understand their issues and provide support, strategies, and interventions to improve the client's mental health and well-being.

2. Nature of Counselling Process

Therapeutic Approach: The counsellor may use various approaches or techniques, such as cognitive-behavioural therapy (CBT), person-centered therapy, or others, depending on the client's needs and goals.

Duration of Sessions: _____

Frequency of Sessions: _____

Scheduling: Sessions will be scheduled in advance, and the client agrees to arrive on time for each session. Sessions will not be extended if the client arrives after the scheduled time.

3. Confidentiality and Privacy

Confidentiality: The counsellor agrees to maintain strict confidentiality in accordance with professional ethical guidelines and applicable laws. The client's personal information and session content will not be disclosed without the client's explicit consent, except in specific situations outlined below.

Limits of Confidentiality:

- If there is a risk of harm to the client or others, the counsellor may break confidentiality to prevent such harm.
- If there is abuse or suspicion of child abuse, elder abuse, or neglect, the counsellor is required by law to report it.
- If there is a court order or subpoena requesting information, the counsellor may be legally obligated to provide it.

Informed Consent for Other Uses: If the counsellor needs to share information with others, such as a medical professional, the client will be asked for their explicit consent in writing.

4. Client Rights

Right to Withdraw: The client has the right to withdraw from counselling at any time without penalty. The client can discontinue services whenever they feel ready or if they feel the therapy is not benefiting them.

Right to Ask Questions: The client has the right to ask any questions about the counselling process, methods used, and the counsellor's qualifications.

Right to Know the Risks: The client understands that, while counselling can provide many benefits, it may also involve discussing sensitive issues that could bring up strong emotions or discomfort. Therapy may sometimes lead to temporary distress, but the goal is always to help the client work through these feelings and improve their overall well-being.

5. Client Responsibilities

The client agrees to:

- Be respectful and respect the rights of others.
 - Be honest and open during sessions.
 - Actively participate in the therapeutic process.
 - Communicate any changes in their situation or concerns regarding the therapy.
 - Keep scheduled appointments or notify the counsellor in advance if they cannot attend.
-

6. Counsellor's Responsibilities

The counsellor agrees to:

- Be respectful and respect the rights of others.
 - Provide a safe, non-judgmental, and supportive environment for the client.
 - Use appropriate therapeutic methods based on the client's needs and concerns.
 - Maintain confidentiality, except as noted in the confidentiality section.
 - Provide referrals or resources if needed.
-

7. Fees and Payment

Session Fee: The fee for each session is _____. The client agrees to pay for each session prior to or at the time of the session.

Cancellation Policy: If the client needs to cancel or reschedule a session, they must provide at least 48 hours notice period. Failure to do so may result in a cancellation fee of 50% of session rate within 48 hours and full session rate within 24hours.

If payment is not made on time, the counsellor may suspend services until payment is received.

8. Emergency Situations

The counsellor does not provide emergency or crisis intervention services. If the client experiences a mental health emergency, they are advised to contact emergency services 000 or a crisis hotline.

- Lifeline on 13 11 14 for crisis support and suicide prevention
 - Suicide Call Back Service on 1300 659 467 for those with suicidal thoughts or affected by suicide.
 - 1800RESPECT 1800 737 732 is the national domestic, family and sexual violence.
-

9. Termination of Services

Either the counsellor or the client may choose to end the counselling relationship at any time. The client is encouraged to discuss the reasons for termination in a session. If the counsellor believes they are not able to meet the client's needs, they may refer the client to another professional.

- If the client chooses to discontinue, they should inform the counsellor and provide adequate notice.
 - If the counsellor needs to discontinue services, they will provide appropriate referrals to other professionals.
-

10. Acknowledgment of Understanding and Consent

By signing this agreement, the client and Counsellor acknowledge they understand and agree to the terms outlined above.

The client acknowledges that they have been provided with sufficient information about the counselling process and their rights and responsibilities, and consents to participate in therapy under the terms outlined above.

The client also understands that they are free to ask for clarification about any part of this agreement, or make amendments at any time during the course of therapy.

Client Name: _____

Signature: _____

Date: _____

Counsellor's Name: _____

Signature: _____

Date: _____
