



Total Wellness Therapies

CONSENT FORM

The following information attempts to ensure that you are aware of the issues relevant to the provision of counselling and supervision services by Total Wellness Therapies.

Confidentiality:

As part of providing a professional service to you (counselling and supervision) we will need to collect and record personal information from you that is relevant to your current situation. This information will be a necessary part of our work together and will assist in the provision of a quality service to you.

You may access the material recorded in your file upon request, subject to the exceptions in National Privacy Principle 6. All personal information gathered by Total Wellness Therapies during the provision of professional services will remain confidential and secure except when:

- It is subpoenaed by a court, or
- Failure to disclose the information would place the client or another person at risk; or
- Your prior approval has been obtained to
 - Provide a written report to another professional or agency, e.g. a GP/lawyer/school;
 - Discuss the material with another person, e.g. a parent, school or employer etc.

Client information will, at times, be discussed in a non-identifying way with my professional supervisor or colleagues for the purposes of reflecting on my practice. Also, client information may, at times, be used in a non-identifying manner during training or professional development activities run by Total Wellness Therapies. If you do not wish this to occur then please tick the box below.

I do not wish my personal information (non-identifying) to be used by Total Wellness Therapies for the purpose training or professional development.

Cancellation Policy

If for some reason, you need to cancel or postpone your appointment, please give at least 24 hours' notice otherwise you will be charged the cost for the session.

I, (name of client/or guardian.....) have read and understood the above Consent Form. I agree to these conditions for the services provided by Total Wellness Therapies to (name of client) _____.

Signature: Date:

Please note: If, after reading this page you are at all unsure of what is written, please discuss it with your therapist.