



LITTLE WINDOW

Counselling, Psychology and Wellness

Conditions of Service and Consent Form

Little Window - Counselling, Psychology and Wellness.

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Welcome to Little Window

We look forward to meeting you at your first session. Please ensure that you read and sign the below conditions of service and consent form prior to or at your first appointment.

During the initial counselling session, there may be an intake form to complete together as part of getting to know you and your story. This process provides your psychologist with helpful information to ensure we know how we can best support you. Intake information will be kept confidential and secure within Little Window.

A standard counselling session is 50 minutes. Payment is required when you attend your appointment. Eftpos and Medicare facilities are available onsite.

Client Information and Agreement/Consent

Your Rights as a Client:

You have all of the rights established by the Australian governing clinical practices, such as:

- The rights of consent to treatment,
- Of seeking disclosure from your psychologist about his or her qualifications,
- Of requesting a different psychologist,
- Of ending treatment at any time,
- Of having your clinical record kept private (see “Confidentiality” below)
- Of having any tests, procedures, and recommendations explained to you in simple terms, and the right to refuse such tests, procedures, or recommendations.



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Confidentiality:

What you tell your psychologist will be kept confidential and will not be revealed to other persons or agencies without your written permission, except when mandated by state and federal statutes, court order, or if there is any concern for your safety. Little Window psychologists are required to engage in professional supervision to ensure best quality practice. It is within these parameters that your case may be discussed; however, anonymity will be upheld wherever possible. Feel free to ask for clarification about confidentiality during your session with your psychologist.

Professional Records:

Little Window is required to keep appropriate records of the psychological services that we provide. Your records are maintained securely in the office or in a secure online location. We keep brief records noting that you were here, your reasons for seeking therapy, the goals and progress we set for treatment, your diagnosis, topics we discussed, your medical, social, and treatment history, records we receive from other providers, copies of records we send to others, and your billing records.

Please note that if you are visiting a psychologist for assistance under a Medicare treatment plan, a requirement of this scheme is a very brief letter to your referring practitioner at the end of the first session, sixth session and upon conclusion of therapy. Each letter will outline the nature of your concern, the findings of any assessments conducted and the clinical opinion of your psychologist.

Legal proceedings:

Little Window does not provide testimony in legal proceedings, nor do we provide court related assessments or reports.

If you choose to subpoena your psychologist or your records, however, you agree to pay for any required preparation time, for your psychologist's time out of the office, and for travel at a charge equal to Little Window's hourly rate.



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Emergencies:

Little Window does not provide “emergency services”. If you have an urgent concern, we will try to schedule an appointment as soon as possible. Contact (07) 3420 0924 which will be answered an answering machine, after the office is closed. After-hours messages can be left on the voice-mail system, but do not leave an urgent message since these messages may not be reviewed until the next business day.

In the case of an emergency, please contact the emergency line, 000, or contact a 24 hour telephone counselling service such as Lifeline: 13 11 14, or Kids Helpline 1800 55 1800.

Cancellation Policy

Little Window understands that situations may arise where you might need to cancel or re-schedule your appointment. Please allow at least 24 hours of notice for cancellation or re-scheduling so that we may schedule in for another available client. Please note that if you do not show up to your appointment without 24 hours of notice or cancel within the 24 hours, a cancellation fee of \$70 may incur. It is the responsibility of the client to keep a record of their schedule and appointment sessions and times. If an appointment time is misplaced or forgotten, please feel free to call Little Window to enquire about your scheduled appointment time/day.

If you arrive late for your session, we will still be required to end the session at the usual scheduled time as to avoid affecting other clients' appointments.

Little Window Confidentiality and Consent Agreement

In signing this, I acknowledge:

- I have read and understand the conditions of service information outlined above;
- I consent to treatment by Little Window;
- I voluntarily enter into therapy with the therapist of my choice;
- I may withdraw from treatment at any time unless treatment is court ordered, and;



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- I am 18 years of age or over and have not been declared incompetent by a court of law, or;
- I am the parent/legally-appointed guardian or other authorised representative of the client to be treated, if such client is 17 or younger, or;
- Although under 18 years of age, I am legally empowered to consent to treatment per the conditions outlined in the Australian Family Code.
- I am financially responsible to Little Window as described above.

Agreement and Consent Form for services and treatment rendered to the client named in this consent.

- I understand therapy is a joint endeavour between the psychologist and client.
- I will be informed if my psychologist believes counselling is not appropriate for my circumstances or that I should be referred elsewhere.
- I understand that effective counselling involves my attending regularly scheduled counselling appointments.
- My psychologist will inform me of any possible risks in my seeking therapy and will work with me in determining the best course of treatment.
- I understand my right to have any tests, procedures, and recommendations explained to me in simple terms, and I have the right to refuse such tests, procedures, or recommendations.

Name:

Signature:

Date:



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Consent for disclosure of personal information in the delivery of services to external agencies (e.g. doctors, health services, legal agency)

My psychologist has discussed confidentiality with me and explained that at times there are limits to confidentiality. I understand that information may at times, be shared by way of written report, and at various times my psychologist may liaise verbally with my GP/Child Safety Worker/teacher/other relevant professional.

I consent to the disclosure of my/or my child's personal health information collected by Little Window to relevant professionals involved in my and/or my child's health care.

Name:

Signature:

Date:

Consent to receive correspondence and information from Little Window

I would like to receive correspondence and/or information (including newsletters) about relevant workshops or seminars being held at, and/or delivered by this therapy service.

Yes Email address: _____

No