**INFORMED CONSENT**

ABOUT THIS DOCUMENT: This document is intended to provide important information to you regarding your therapy at Your True Voice Therapy. Please read the entire document carefully and be sure to ask if you have any questions relating to its contents.

ABOUT THIS SERVICE: Therapy at this practice is guided by client preference. There are multiple styles of therapy which are outlined on the intake form and website, and which you as a client are free to include or exclude. Suggestions may be offered to suit your needs. You are encouraged to use your voice or other means of expression to convey your feelings not just about the issues for which you have sought therapy, but also to convey how you feel about the therapy itself.

PROCESS OF THERAPY: The process of therapy involves getting to know you, what has brought you to counselling, setting goals and working through these issues together. Counselling is not advice-giving, rather it is a facilitation of awareness and mental healing. As a client, you need to be ready for change.

Counselling can run from one session to multiple sessions lasting over a year. The client and counsellor enter counselling voluntarily and are both free to terminate counselling if or when the need arises. Possible reasons include:

* Counselling is no longer needed
* Transference or projection interrupts the counselling process
* The relationship has become too dependent
* Life circumstances such as moving, sickness, family needs
* Changing financial circumstances
* If a referral to a more suitable service is needed (eg: medical, nutritional)

CONFIDENTIALITY: Any information obtained from you will be kept in a secure file.

Information obtained either written or verbal will be kept in the strictest confidence except in the following circumstances as required by law:

* Where there is danger to self or others
* Mandatory reporting requirements
* Subpoena

Otherwise, information will not be revealed to anyone without your written permission.

EMERGENCY: If there is an emergency during therapy, or in the future after termination, where there is concern for either your personal safety, the possibility of you harming someone else, or about you receiving proper mental health care, you give permission for me to contact the person whose name you have provided on the intake form.

CONSULTATION: From time to time, the therapist may consult colleagues or supervisors regarding the case. In such cases, your identity will remain completely anonymous and confidentiality will be fully maintained.

ELECTRONIC COMMUNICATION: Communication through email, text, phone, etc. can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. Your True Voice Therapy will take reasonable precaution to encrypt and protect your information when communicating with you electronically.

FEES: The fee for service is $60 per individual therapy session.

Individual sessions are approximately 45 minutes in length. Fees are payable at the time that services are rendered for face to face therapy, or made online through the booking section.

This counselling practice is insured. I hold a post-graduate certificate from the Australian College of Applied Psychology. As a client you are free to research my qualifications.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood this consent form. I agree to the above conditions for psychotherapy/counselling service provided by Your True Voice Therapy.

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_