

# DISCOVER COUNSELLING SERVICES

Please read the following privacy policy and client consent form, sign and return the consent form to your counsellor at: [Christine@discovercounsellingservices.com.au](mailto:Christine@discovercounsellingservices.com.au) before your scheduled counselling session.

## PRIVACY POLICY

DISCOVER Counselling Services is committed to providing a safe and secure environment for its clients. The purpose of this document is to inform you about the management of information that you share with your counsellor.

### **Client Information**

Client files are maintained on all clients accessing DISCOVER Counselling Services. Personal information contained on these files include, but is not limited to, your name, date of birth, telephone number and email address. Additionally, throughout the counselling process your counsellor will record information about your counselling session to assist them in providing a quality and well informed service to you.

### **Confidentiality**

All information provided by you during your engagement with DISCOVER Counselling Services will remain confidential and secure. It is important to highlight however that there are some specific situations where this is unable to occur. Such situations include:

- When there is a risk of imminent danger to the counsellor, yourself or another person,
- When a court order has been issued requesting the information you have provided to the counsellor,
- When you have provided written consent to release information to a nominated third party.

Outside of these situations, your information will not be provided to a third party without your written consent.

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## Accessing Your Client Information

At any stage, you may request to see a copy of the information kept on your client file. Your counsellor may discuss the contents with you/ or provide you with a copy. All requests made to access your information must be lodged with your counsellor. These requests will be responded to within 14 days and an appointment will be made if necessary for clarification purposes.

## Complaints

If you have complaints regarding the handling of your personal information, in the first instance please contact:

Christine Castro  
Director  
Discover Counselling Services

Email: [Christine@discovercounsellingservices.com.au](mailto:Christine@discovercounsellingservices.com.au)  
Phone: 0478 507 991

If the handling of your complaint is unsatisfactory, you may then wish to contact the Australian Counselling Association at:

Australian Counselling Association  
PO Box 88  
GRANGE QLD 4051

Phone: 1300 784 333

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## CLIENT CONSENT FORM

I ..... understand that DISCOVER Counselling Services provides counselling to clients in variety of ways including in person, skype, email or telephone. I have entered into counselling in good faith and can confirm that any information I provide about myself is true and correct, including my name.

I have read and understood the privacy policy for DISCOVER Counselling Services and I acknowledge and agree to the following:

- The counsellor may record information about our counselling sessions for the purpose of informing treatment.
- Any information recorded about me is securely stored and is not accessible to third parties.
- I may request at any time to view or discuss any information that has been recorded about me.
- All information shared within the counselling session is confidential and no information will be released without my written consent.
- That there are specific and limited exceptions to this confidentiality which includes:
  - a) When there is a risk of imminent danger to the counsellor, myself or another person,
  - b) When a court order has been issued requesting the information I have provided to my counsellor.
  - c) I have provided written consent to release information to a nominated third party.
- That the scheduled fee will be paid prior to the counselling session occurring.
- If I need to cancel or re-schedule an appointment, I am required to provide 24 hours' notice. If no notice is given I acknowledge that I will be charged 100% of the scheduled fee.
- If I have any questions regarding this consent form or about the services offered by DISCOVER Counselling Services, I may discuss them with my counsellor. I understand that I may stop counselling at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date