

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 Jenny Gilmore.

Confidentiality:

As part of providing a professional service to you (counselling and supervision) I 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 me 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 you or another person at risk; or
- Your prior approval has been obtained to
 1. Provide a written report to another professional or agency, e.g. a GP or lawyer;
 2. Discuss the material with another person, e.g. a parent or employer.

Client information will, at times, be discussed in a non-identifying way with my professional supervisor for the purposes of reflecting on my practice. Also, client information may, at times, be used in a non-identifying manner in the course of training or professional development activities run by me. 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 Jenny Gilmore for the purpose training or professional development.

Fees:

The cost for a one hour counselling session is \$120.

The cost for a one hour professional supervision session where you personally make the payment is \$154 (including \$14 GST). If your organisation is paying for your professional supervision the cost to them is \$165 (including \$15 GST).

The fee is payable at the end of each session by cash, cheque or bank transfer. In the case of organisational payment, an invoice will be issued at the completion of the session.

Cancellation Policy

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

I, (print name in block letters) have read and understood the above Consent Form. I agree to these conditions for the services provided by Jenny Gilmore.

Signature: Date:

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