

Dare To Dream Counselling & Psychotherapy

Client's Informed Consent Form

Downloadable from: <https://dareiidream.com>

Version: 11th August 2022

The following document forms the basis of an agreement and contract for professional counselling and psychotherapy services between **Neil Paddock of Dare To Dream Counselling & Psychotherapy** (referred to hereafter as 'the therapist') and the named individual, couple or family (referred to hereafter as 'the client') below. It also seeks to make transparent the process of counselling and psychotherapy and to alleviate any potential misunderstandings and subsequent disputes or complaints that might otherwise arise. It is recommended that this document be read carefully, signed and returned to the therapist for counter signature prior to any counselling or psychotherapy treatment commencing. Any remaining questions are to be addressed via email or telephone to the therapist and are to be documented and agreed by both parties, prior to commencement of therapy itself.

A). Date of Agreement:

Date:

B). Full Client Name(s) - Client #1 & Client #2 if Couples Therapy (Please Print):

C). Client's Primary Email & Full Address - Client #1 & Client #2 if Couple (Please Print):

D). Client's Mobile Phone Number - Client #1 and Client #2 if Couples Therapy (Please Print):

E). Client's Next of Kin - Name & Emergency Contact Mobile/Work/Home No. (Please Print):

Name:

Mobile:

F). Client's Legal Guardian & Contact No. [Only if client is under the age of 16*] (Please Print):

Name:

Mobile:

G). Please indicate your preferred method(s) of communication with an "X" in the boxes below:

Client #1/Guardian: Email: Mobile (Voice): Mobile (Text): By Post:

Client #2/Partner: Email: Mobile (Voice): Mobile (Text): By Post:

Next of Kin: Email: Mobile (Voice): Mobile (Text): By Post:

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Specific Details of Informed Consent – What you are agreeing to and giving permission for:

1. Therapist Role:

The role of counselling and psychotherapy is to provide a safe, non-judgmental space for the 'client' to express themselves, to share their lived experience, and to establish a supportive, confidential, therapeutic relationship or therapeutic alliance, based on mutual trust and respect. The three main objectives of therapy/treatment are to, (in conjunction with the client and with their ongoing permission/consent), i) Set goals for counselling and for life; ii) Explore current presenting problems and symptoms; and iii) Validate the client's current and past lived experience. This *may* include (with the client's permission/consent) talking about traumatic and triggering events to gain a better understanding of them and how they relate to the client's life now, with a view to working towards and achieving positive and lasting change both for the present and the future. The therapist operates from a trauma informed perspective, recognising that talking about these events can be painful, and self-care and safety must always be considered by all parties.

2. Therapeutic Preferences [and trainers]:

The therapist has studied and receives ongoing training in the following evidence based techniques, including *Acceptance and Commitment Therapy (ACT)* with Russ Harris, *Compassion Focused Therapy (CFT)* via Paul Gilbert, *Dialectical Behaviour Therapy (DBT)* with Katelyn Baxter-Musser, PESI, *Emotionally Focused Therapy (EFT)* via Susan Johnson, *Internal Family Systems (IFS)* with Richard Schwartz, PESI, *Narrative Therapy* [via various authors at The Dulwich Centre], *Psychodynamic Psychotherapy* [via ECU] and *Solution-Focused Brief Therapy* [with Barry Winbolt, Udemy].

3. Orientation:

The therapist's orientation to therapy involves an emphasis on strengths, resilience and coping skills, experiential exercises to manage emotions and behaviours, and self care techniques to help keep the client safe and feeling secure and compassionate towards themselves and others. A specific treatment plan will be designed in conjunction with the client's preferences and around what the client considers of most importance.

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4. Therapist Credentials and Education:

The therapist graduated from Edith Cowan University with a Masters Degree in Counselling and Psychotherapy in February 2020, where Psychodynamic Psychotherapy and other modalities were practiced over a two year period. This included a field placement, conducting sessions with clients and engaging in regular professional supervision. The therapist's academic and professional credentials are available for inspection upon request and displayed on LinkedIn (<https://www.linkedin.com/in/neilpaddock/>) and at dareiidream.com.

5. Voluntary Nature of Therapy:

The nature of therapy is entirely voluntary. No client will ever be coerced, persuaded or unduly influenced into doing things they don't want to do, as this is unethical and not in the interests of the client or the therapist. Accordingly, therapy can be stopped, resumed or officially terminated as required or requested by the client, or if considered in the client's best interests by the therapist. Termination needs to be dealt with in writing, with at least 24 hours notice being given. The therapeutic relationship (or 'therapeutic alliance') is subject to open ongoing discussions between the therapist and the client and can be revised or revoked by written instructions/permissions (via letter, text or email) given by the client to the therapist in order for treatment to continue or cease as required.

6. Risks Associated with Therapy:

It is important to note that therapy does not always provide solutions to ongoing problems, and that other alternatives to counselling and psychotherapy may be sought instead. Risks of therapy include re-traumatisation and emotional distress, as well as changes in your interpersonal relationships as a result of treatment. Please discuss this with your therapist prior to commencing treatment if you have any concerns about these risks.

7. Confidentiality:

All conversations between the therapist and the client, and the client's personal details will be kept confidential and any personal data kept secure, subject to certain important exceptions, which are stipulated in the limits below.

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8. Limits of Confidentiality:

Confidentiality may be breached if the law requires it or if the therapist believes harm is likely to come to the client or others around them as a result of disclosures made during interactions, either of a written or verbal nature. Certain de-identified details of client's cases may also be taken to supervision (either individual or group supervision) in order to ensure the highest possible standards of ongoing practice. Informed consent requires understanding of this process and the reasons for it. **Note: Your signature on this document effectively gives permission for disclosure under these specified conditions.**

9. Fees and Number of Sessions:

Fees are clearly set out on the dareiidream.com website, may be subject to negotiation and discounts are available according to the number of sessions booked and paid for in advance. Payment is requested in advance of treatment and is payable via [Paypal, Debit or Credit Card via the website](#) on a prepaid basis (for more than one session), or through [Halaxy](#) at the time of booking a single appointment.

10. Medical Insurance Reimbursement & Medicare Rebate Ineligibility:

The therapist has a provider number for certain policies and treatments with [Medibank](#) and [ahm health insurance](#), a subsidiary of Medibank Private. Please check your policy with your provider if in doubt. **Please note: PACFA members are currently not able to provide Medicare Rebates.**

11. Professional Indemnity Insurance:

The therapist carries ongoing Professional Indemnity Insurance, arranged through PACFA, as part of the ongoing conditions of PACFA membership.

12. Ethical and Professional Guidelines:

The therapist is committed to engage in safe, ethical and effective evidence based professional practice, and operating at the highest ethical standards to cause no harm to the client(s), and to serve the best interests and wellbeing of the client(s) up until the agreed termination of therapy, as per professional ethical guidelines agreed and published by PACFA here:

<https://pacfa.org.au/portal/Portal/Prac-Res/Code-of-Ethics.aspx>

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13. Cancellation Policy:

The client has the right to cancel any appointment and needs to give the therapist at least 24 hours notice to avoid incurring the agreed fees. Missed appointments without 24 hours notification or a reasonable explanation will be chargeable in full as per the fees set out on the dareiidream.com website.

14. Affiliation with Other Practitioners and Referrals:

Based on ongoing conversations between the therapist and the client during counselling and psychotherapy treatment, the therapist may make recommendations or suggestions to the client to seek out other practitioners with different expertise or seek out additional support services. It is completely at the client's discretion as to whether those recommendations or suggestions are followed. To avoid conflict of interests, any additional fees payable to the therapist, by either the client or third parties, if applicable, will be clearly disclosed to the client in advance. It is highly recommended that clients do their own due diligence and make a careful assessment of new third parties prior to commencing any new relationship.

15. Supervisory Relationship:

The therapist is required to seek regular ongoing supervision as a continuing requirement of ongoing professional registration with PACFA. This requires exploration of de-identified case material from the therapist's sessions with clients. Informed consent requires permission for de-identified data to be shared in this way. The aim of discussing case material and any difficulties arising with a trained, accredited supervisor is to ensure the therapist is carrying out their duties in an effective and professional manner. It seeks to promote better ongoing working practices for the therapist and provides additional safety for the client. Supervision also seeks to uphold the reputation of the counselling and psychotherapy profession by building a therapist's professional competence and capacity for self-reflection over time.

16. Disputes and Complaints:

Any disputes or complaints should in the first instance be brought to the therapist's attention, to get things resolved in a speedy and satisfactory manner for both parties. Clients may also use a formal disputes and complaints process where it is considered warranted. Instructions on

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lodging an ethical complaint can be found here: <https://pacfa.org.au/portal/Resources/Make-an-ethical-grievance-or-complaint/Portal/Community/Ethical-grievance-complaint.aspx>

17. Other Applicable Features:

Ongoing consent, changes to treatment plans and changes in fees, plus the eventual termination of therapy need to be considered as part of the ongoing therapeutic process and relationship. Any changes in treatment or fees or number of sessions will be discussed and agreed in writing prior to taking place, where reasonably practicable.

18. Other client stipulations to provide informed consent: Please provide any relevant final comments or concerns in the space below. Thank you.

Please specify in this text box:

NB: This document is subject to ongoing revision to cover events which may require additional consideration. In these matters, the client's confidentiality, security and safety and the therapist's commitment to the highest standards of ethical and professional conduct will always be considered to be of the utmost importance.

Please note that external links may change from time to time. Please conduct a Google search for the item(s) you need if the links on these pages no longer work. Thank you.

----- Useful Links -----

Payments: <https://dareiidream.com/payments/>

Appointments: <https://www.halaxy.com/book/mr-neil-paddock/counsellor/341544/340204>

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If you have [both] read and agreed to the terms 1. to 18. as laid out above, please sign below:

SIGNATURE SECTION A - TO BE COMPLETED & RETURNED BY THE CLIENT(S)

I have read and understood the contents of this document, and give my informed consent to counselling and psychotherapy treatment for the duration as specified below:

Session Type (Individual/Couples):

Initially Agreed Number of Sessions (In words):

Total Fees Payable in Advance (In AUD):

I understand my right to cancel treatment and to lodge complaints as specified elsewhere in this document. I understand I will not be coerced or persuaded to do anything during treatment without my permission first being sought and given.

Client #1(s)/Legal Guardian(s)* Printed Name & Signature:

Printed Name:

Date:

Signature:

Client #2/Other Party's Printed Name & Signature (s): (Please Specify Relationship to Client):

Printed Name:

Date:

Signature:

SIGNATURE SECTION B - TO BE COMPLETED & RETURNED BY THE THERAPIST

I agree to enter into a professional relationship with the above client and to maintain the highest ethical and professional standards, regarding safety, respect and confidentiality, always acting in the best interests of the client wherever possible, until we agree to terminate our treatment in writing.

Therapist's Name and Signature:

Date:

Neil Paddock. Certified Practising Counsellor, PACFA Register No. 26471