

Client Agreement

Confidentiality

I understand that Creative Mental Health & Yoga will protect my private and confidential information by all reasonable means. Furthermore, that Creative Mental Health & Yoga will store and maintain my electronic and hardcopy information in accordance with the Privacy Act. I understand and accept that if, in the mind of the counsellor, there seems to be a real risk of harm either to the client, or to someone else, or in the event of disclosure of serious/harmful illegal activity, Creative Mental Health & Yoga reserves the right to make a report to an appropriate authority.

Emergency Situations

I agree that, if at anytime, I feel, think or believe I am in a crisis a situation and require emergency assistance, I will not rely solely on Creative Mental Health & Yoga and will seek appropriate assistance elsewhere. (For example, by phoning: Emergency -000, Lifeline 24 hour crisis counselling line - 13 11 14 or a local doctor/hospital).

Referrals

I accept that Creative Mental Health & Yoga practitioners have a duty of care to all clients and that I may be referred to a service other than Creative Mental Health & Yoga if the counsellor decides that they are unable to assist me.

Legal Jurisdiction

I understand and accept that Creative Mental Health & Yoga is governed and bound by the laws of the State of Victoria, as well as by the professional and ethical considerations of PACFA (Psychotherapy and Counselling Federation of Australia) and Yoga Alliance.

Fees

I understand and accept that Creative Mental Health & Yoga fees are to be paid within 14 days of the counselling session or prior to a class. I agree to pay the amount stipulated on the fee schedule for each session. I agree to pay a cancellation/rescheduling fee if I cancel or reschedule an appointment without giving at least 36 hours notice to my counsellor (except in the case of a medical emergency). I accept that fees are not refundable (except under extraordinary circumstances).

Termination of Services

I agree to inform my counsellor if I wish to terminate counselling or yoga. I also understand and accept that the counsellor may withdraw services at any time and that in this case a reason(s) will be provided to me.

Client Name: _____ Client Signature: _____ Date: / / _____

CREATIVE
MENTAL
HEALTH &
YOGA

CONTACT

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