

## Counselling Agreement Form



Thank you for choosing this service. Please read the attached privacy and confidentiality protocols and sign the document below if you wish to proceed with counselling.

### Privacy and Confidentiality Protocols

These are as required by the Information Privacy Act 2009 (QLD). Please read them carefully and discuss any concerns with your counsellor before signing the agreement form. All personal information will be kept confidential and will only be shared with others with your written permission.

There are some exceptions to the confidentiality of any disclosures you make to your counsellor.

1. If you disclose information that causes your counsellor to suspect there could be child abuse or other illegal activities occurring, this information may need to be passed on to the appropriate authorities.
2. If your counsellor believes you may be in danger of hurting yourself or others, then other people may need to be involved to ensure safety for all concerned.
3. In the event of legal proceedings, your files and other information may be subpoenaed by a court of law.
4. Your counsellor may consult with a professional supervisor or other counsellor for the purposes of consultation and debriefing. However, these professionals are also bound by confidentiality.
5. Records may be made available to the Department of Children, Youth Justice and Multicultural Affairs purely for the purpose of ensuring that clients are provided with a quality service. This is covered by the same privacy and confidentiality protocols.

### Limitations of Service

While every effort is made to accommodate the client/counsellor relationship, we are unable to guarantee appointment times will always be available with the client's preferred counsellor, at the desired times, as this is a partially funded service and the counsellors are employed on a part time basis. Due to the high volume of clients and the low cost of the service, it may become necessary during the course of your therapy for a referral to be made to a different counsellor within YAFA. Being the client, you can request a referral at any time. In the event this situation does occur, you as the client will be given different options designed to incur the least interruption to your therapy.

### Cancellations

In the event of being unable to keep an appointment, notification is requested so we can offer the appointment to another client. If a client fails to notify of their inability to attend on two or more occasions, or if three consecutive sessions are cancelled, then future appointments may be refused at the discretion of the counsellor.

## Our Philosophy

YAFA seeks to offer high quality, professional counselling to people regardless of age, gender, race, relationship status, and political and religious beliefs. Christian counselling is available upon request.

*Please initial:-*

\_\_\_\_\_ I have read the above document and understand the terms and conditions under which my counselling will be conducted and am happy to proceed with counselling at YAFA.

\_\_\_\_\_ I have read and understood my client rights and responsibilities as set out in the Client Information Booklet.

\_\_\_\_\_ I understand that it may be necessary for my counsellor to write some information and notes about myself. This information will be kept in my client file and will remain confidential. I hereby give my permission for this to happen.

\_\_\_\_\_  
**Client's Name**

\_\_\_\_\_  
**Counsellor's Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**