



CONDITIONS OF SERVICE AND CONSENT FORM

Please read the following information carefully. This agreement is to be signed by the legal guardian(s) of listed young person seeking individual counselling services. If being signed by a legal guardian other than a parent please list your relationship to the child next to your signature.

Counselling is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This frame helps to create the safety to take risks and the support to become empowered to change.

As a client of counselling at Turning Corners, you have certain rights that are important for you to know about because this is their therapy, whose goal is their well-being. There are also certain limitations to those rights that you should be aware of. As a Turning Corners' clinician, we also have corresponding responsibilities to your child.

CONDITIONS OF SERVICE

1. Client Responsibilities

- 1.1. We require 24 hours' notice to reschedule or cancel a session. Non-attendance or failure to notify us within 24 hours of your appointment will incur a fee of 50% of your session fee unless a medical certificate is provided. Cancellations received after the reminder call has been made will incur the fee.
- 1.2. Should your attendance to counselling sessions become inconsistent we will attempt to contact you and give you the opportunity to reconsider counselling at this time. If we do not hear from you, we will assume you no longer require our services and will close your file.
- 1.3. A parent/legal guardian or support worker must remain on premises during ALL counselling sessions at Turning Corners.
- 1.4. Your session fees and/or funding will be discussed and confirmed with Turning Corners during initial intake call/s. Session fees to be paid at the end of each appointment.

2. Bravehearts' (Turning Corners) Responsibilities

2.1 Confidentiality

With the exclusion of certain specific exceptions described below, you have the absolute right to the confidentiality of your counselling. We cannot and will not tell anyone else what your child or you have told me, or even that your child is in therapy with Turning Corners without your prior consent.

These exceptions to the requirement include:

- 2.1.1 Disclosure of risk of harm to yourself or others.
- 2.1.2 If we become aware that a child is at risk of harm, including, physical harm, sexual harm, emotional harm or neglect.
- 2.1.3 If court ordered subpoena requires release of your child's records, we must comply. We will endeavour to inform you in this instance.
- 2.1.4 You give written permission for us to consult with other professionals supporting you or your child/children, such as teachers, and the Department of Communities.
- 2.1.5 If during counselling that you disclose to us you have broken the law.

2.2 Record Keeping

Turning Corners collect and record personal information from that is relevant to your current situation. Information provided to us will be stored in a secure online service record system only accessed by Turning Corners staff.

CONSENT

I, _____, have read, understood and agree with the supplied Conditions of Service and Consent Form.

As legal guardian, I agree to the terms and conditions of Turning Corners Research Consent Form for my child _____ (print child's name).

Relationship to child _____

Signed _____

Date ____/____/____