

COUNSELLING- CLIENT INFORMATION FORM

I acknowledge and agree to the following:

COUNSELLING / THERAPY

I have been informed that I am beginning counselling with a Gestalt Psychotherapist and NLP a fully qualified NLP practitioner. I acknowledge that my therapist is required by her professional bodies to do 50 hours of Professional development and supervision every year to re-register will be. I understand that I can work at my own pace and only reveal what I choose to disclose.

CLIENT RECORDS:

I acknowledge that my personal information will be **collected, recorded and stored** in accordance with the National Privacy Act.

CONFIDENTIALITY:

All confidentiality will be upheld by my counsellor & their Supervisor during counselling sessions **except** when required to report serious harm to self & others, especially in the case of children (please ask for further information if needed).

COMPLAINTS:

Any complaints about the counselling service provided to me can be dealt with through my Counsellor's professional body GANZ (Refer to Counsellor for further information).

CANCELLATIONS:

We would appreciate notice of any cancellation for sessions to be made at least within **24 hrs** of the agreed appointment time (a different time can be negotiated if necessary).

NAME _____ SIGNATURE _____ DATE _____

Counsellor _____ SIGNATURE _____ DATE _____