

Client Consent Form

This information and consent form contains important details regarding your rights and responsibilities as a client. Please read it carefully and sign at the end of the document.

Peter Coyle

I am registered with Psychotherapy and Counselling Federation of Australia ('PACFA'), and supervised by accredited and experienced clinicians.

Details of my registration are here: <https://www.pacfa.org.au/portal/TherapistProfile?Id=9055>

I have the PACFA Master Insurance Policy with Insurance House. The Master Insurance Policy provides \$20,000,000 of professional indemnity cover, and \$20,000,000 of public and products liability cover.

Fees are listed in the FAQs section of my website www.petercoyle.co. Payment of a \$100 deposit is made when you make the booking online. The balance will be charged on the day of the appointment.

Confidentiality

What you discuss in therapy and the fact that you are a client, are kept confidential.

The only exceptions to this are:

1. Your sessions may be video or audio taped to support my ongoing supervision and training. Please be assured that the only people who will view these will be my supervisor and me. They will be destroyed after viewing.
2. I am a mandatory reporter, therefore if you give me information that leads me to believe that you or someone else is in serious danger, or if you tell me of a child who is at current risk of abuse, I may be legally obliged to take action. However this will be discussed with you first.

Cancellations

I appreciate that at times things may prevent you from attending your scheduled appointment. If this is the case, please give me 24 hours' notice. If you fail to do so, I may need to charge a cancellation fee.

Complaints or Commendations

I would really like to know if you have any feedback on your therapy experience. As such I may ask you to complete a survey. If however you would like to give direct feedback to me, you are welcome to do so at peter@petercoyle.co

You are also entitled to register any complaint with the Health Care Complaints commission: The Inquiry Service of the Health Care Complaints Commission on (02) 9219 7444 or toll free on 1800 043 159 for a confidential discussion.

Medical and Psychiatric Conditions

Please let me know if you have any kind of pre-existing medical condition that I need to be made aware of that may impact how therapy can be conducted, before our therapy sessions can begin.

I have read, understand and agree to the above.

Client's name (please print) _____

Client's signature _____

Therapist's name **Peter Coyle**

Therapist's signature _____

Date ____/____/____