



## Welcome to Whakatika Therapy

Please read, sign and date, and either bring along to your appointment, or scan and return by email.

- We understand that any information we provide within counselling sessions will not be communicated with any third party except for the purposes of the professional supervision of our counsellor. In this instance, our identity will not be revealed.
- We understand that all personal information disclosed by us will be kept confidential and not used for any purposes other than a counselling record. All material is treated in confidence and written records are kept in a locked filing cabinet. Our records will be stored securely by our counsellor for a period of 5 years, and then destroyed. No electronic records will be stored.
- We understand that, from time to time, our counsellor may ask permission for our session to be video recorded for the purposes of the professional supervision of our counsellor. We understand that only a small excerpt of the recording will be shown. We understand that the recording will be kept on the secure PC of our counsellor, and only able to be remotely viewed by the supervisor. We understand we are under no obligation to agree to a recording of our session, and that if we do agree, we may withdraw that permission at any time, including at the end of the recorded session.
- Couples in relationship therapy are required to have ONE individual session each, after the first conjoint session, to allow the counsellor to gain a full family history from each partner. Each individual session operates on a strict 'no secrets' policy. *We agree that in our individual sessions we will not share information about ourselves that we have not yet shared with our partner, unless we intend to share that information with our partner before our next conjoint session.*
- We agree that a decision to end counselling or therapy will be discussed in advance with our counsellor so that we are able to finish counselling in a planned way.
- We understand that at any time during the counselling process, for reason(s) sufficient to our counsellor, our counsellor shall have the option of terminating counselling.
- We understand that our counsellor is ethically bound to make disclosure to Police and/or external mental health agencies if we reveal that:
  - Either of us is at serious risk of causing harm to ourselves, or to others.
  - We disclose the name of someone from whom children are at risk of abuse
- We understand if either of us need emergency support, our counsellor may ask for consent to contact our GP.
- Fees: We agree to pay the subsidised rate of \$100 inc GST per 55-60 min session, payable by EFTPOS. Zoom clients, please pay to the bank account below, entering BOTH your **initials**, and the word **Whakatika** in the reference field. **03-1739-0011749-00** (New Life Wanaka)

Name (s) \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_