



## Welcome to Whakatika Therapy

Whakatika Therapy is an affordable psychological counselling service. We employ tertiary qualified, registered counsellors of Christian faith who adhere to the NZCCA code of ethics. The code may be read at <https://www.nzcca.org.nz/about-nzcca/code-of-ethics-and-practice/>.

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

- I understand that any information I provide within counselling sessions will not be communicated with any third party except for the purposes of the professional supervision of my counsellor. In this instance, my identity will not be revealed.
- I understand that all personal information disclosed by me 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. I understand that my records will be stored securely offline by my counsellor for a period of 5 years and destroyed after this time. No electronic records will be stored.
- I understand that, from time to time, my counsellor may seek my permission for my session to be video recorded for the purposes of the supervision of my counsellor. I understand that only a small excerpt of the recording (approx 10 mins) will be shown in supervision, and that no details that identify me beyond my first name will be provided. I understand that the recording will be kept solely on the secure PC of my counsellor, and will only be able to be remotely viewed by the supervisor. I understand that I am under no obligation to agree to a video recording of my session, and that if I do provide permission, I may withdraw my permission at any time, including during, or after, the completion of a recording.
- I agree that a decision to end counselling or therapy will be discussed in advance with my counsellor so that I am able to finish counselling in a planned way.
- I understand that at any time during the counselling process, for reason(s) sufficient to my counsellor, my counsellor shall have the option of terminating counselling.
- I understand that my counsellor is ethically bound to make disclosure to Police and/or external mental health agencies if I reveal that:
  - I am at serious risk of causing harm to myself
  - I am at serious risk of causing harm to others.
  - I disclose the name of someone from whom children are at risk of abuse
- I understand if I need emergency support, my counsellor may ask for consent to contact my GP.
- Fees: I 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 \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_