



CLIENT INFORMED CONSENT

AGREEMENT FOR PSYCHOTHERAPY/ COUNSELLING SERVICES

1. Objectives and Benefits

Counselling and psychotherapy aim to help you explore challenges, build self-understanding, and create positive change. Everyone's goals are different, so it's important to discuss your hopes and expectations with your therapist.

The benefits of therapy can't be guaranteed because progress depends on your own participation and openness. Many people find therapy helpful and constructive. To get the most from the process, you are encouraged to:

- Attend all scheduled sessions.
- Share your thoughts and feelings honestly.
- Complete any tasks or reflections between sessions.
- Ask for clarification if something isn't clear.
- Talk with your therapist about any concerns or doubts.

2. Confidentiality

Everything you discuss with your therapist is treated as strictly confidential. Information can only be shared with your written consent, except in the following cases:

- When there is serious concern about your safety or someone else's.
- When your therapist is legally required to report information (for example, under mandatory reporting or a court subpoena).
- When discussing cases confidentially with a professional supervisor (your identity is protected in these discussions).

All information is managed in accordance with the Privacy Amendment Act 2000.

3. Risks

Therapy can sometimes bring up strong emotions or reactions. This is a normal part of the process, but it can occasionally affect your daily life. Please tell your therapist straight away if you ever feel unsafe or have thoughts of self-harm or harm to others. Together, you can plan support to keep you safe.

4. Qualifications and Expertise

All therapists at Pete Lewis Psychotherapy are qualified professionals and hold membership with one or more of the following professional bodies: the Australian Counselling Association (ACA), the Psychotherapy and Counselling Federation of Australia (PACFA), the Psychology Board of Australia (PsyBA), and/or the Australian Association of Social Workers (AASW). You may request a summary of your therapist's qualifications and a copy of their professional Code of Conduct at any time. All therapists are also under regular supervision by more experienced clinicians. The supervisor's role is to ensure clients receive the highest standard of care, including oversight of clinical quality, professional consultation, and feedback on therapeutic interventions. When client cases are discussed in supervision, all names and identifying information are withheld to maintain confidentiality.



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5. Method and Approach

Our therapists use well-recognised, evidence-based methods that are widely adopted by other allied health professionals. These approaches are designed to help with a variety of emotional, psychological, and behavioural challenges and are supported by research and professional standards. If you have any questions about how therapy works, your therapist is happy to explain, and you should only continue if you feel comfortable. If your therapist feels that another professional would be better suited to your needs, they will provide a referral. Pete Lewis Psychotherapy does not receive any financial benefit from such referrals.

6. Therapy Animals

Sometimes a therapy animal may be part of your sessions if both you and your therapist agree it could help you feel calmer or more connected. Participation is completely voluntary — you can choose not to have the animal present or change your mind at any time. Before introducing a therapy animal, your therapist will discuss possible risks such as allergies, fears, or cultural concerns. The animal's welfare is always prioritised; if the animal shows any signs of stress, it will be removed from the session. The animal is not a service animal, but is there purely for emotional support. By taking part, you acknowledge that you understand both the potential benefits and limitations of this approach and agree to share any concerns or discomfort with your therapist.

7. Conflict of Interest

Some therapists may also provide psychological support in schools (K-12). To avoid any conflict of interest, they will not promote Pete Lewis Psychotherapy (PLP) services while working in a school setting. If a student (or their parent/legal guardian) who already has a connection with a PLP therapist seeks external support through PLP, the therapist will first provide alternative referral options. Therapy can only commence once this document has been signed and written notification has been given to the school principal—confirming only the student's name and participation in external therapy. Confidential information remains strictly within the context it was shared—either the school or Pete Lewis Psychotherapy. Any exchange of information occurs only with explicit permission.



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Terms and Conditions

Hours of Practice

All sessions are by appointment. See www.petelewis.com.au or www.the-journey.com.au for details.

Consultation Fees

- **Individual sessions:** \$170 per hour
- **Couples/family sessions:** \$210 per hour
- **Group therapy:** \$90 per person per session
- Optional initial consultation (1.5 hrs): \$255

Fees are all-inclusive except for travel costs, copies of records, or third-party services. Payment is due before or at the session. We accept credit/debit card, cash, or EFT. **Card payments** incur a **2.25% surcharge**.

EFT details:

ANZ Bank – Pete Lewis Psychotherapy

PayID: pete@petelewis.com.au

BSB: 012209 | Account No: 324960067

(Please include your invoice number as the reference.)

Missed Appointments

If you need to reschedule, please give at least **48 hours' notice**.

- Less than 48 hours' notice: 50% of the fee applies.
- Less than 24 hours' notice: full session fee applies.

NDIS and SIRA clients should refer to their respective cancellation policies.

Record Keeping and Privacy

To provide effective therapy, PLP keeps brief session notes in line with professional and legal standards. Records are stored securely for seven (7) years, after which they are permanently destroyed. AI-assisted tools may be used to transcribe or summarise session notes. Any temporary uploads for transcription are **fully encrypted and anonymised**, and data is not **used for AI model training**. Once transcribed, original recordings are deleted, and only secure summary notes are kept. All records remain the property of PLP, though you may request a copy at any time (an administrative fee may apply). A security camera is installed in the session room to ensure **safety during sessions** and to **maintain security** when the room is unoccupied. Please ask any questions about the recordings before providing your consent. Recordings are treated with the same confidentiality as other therapy records, stored securely, and accessed only by authorised staff. They are not routinely reviewed and are destroyed after three months, or sooner if no longer required. Consent is given either by **signing this document** or by **not raising concerns** during your first session. You may withdraw consent at any time, and any recording will stop immediately. You may also request to see the camera's location.

Complaints

If you have a concern, please discuss it first with your therapist. If you're not satisfied, you can contact their professional body (**ACA** or **PACFA**) or make a formal complaint to the **Health Care Complaints Commission (HCCC)**. An information sheet and Code of Conduct are available on request.



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CONSENT TO TERMS & CONDITIONS, CONFIDENTIALITY & PRIVACY

Full Name :
(PLEASE USE CAPITAL)

Date Of Birth : _____ / _____ / _____

By signing this agreement, I acknowledge that I have read, fully understand, and accept the terms and conditions set forth herein. I have considered the potential risks, limitations, and impacts that may arise from participation in the therapeutic process and voluntarily choose to proceed with therapy. I agree to promptly notify my therapist of any changes in my circumstances that may affect the potential risks, outcomes, or effectiveness of therapy.

I hereby provide my consent to the disclosure of confidential information relating to me in the following circumstances:

- (a) Where disclosure is required by law, a statutory obligation, or pursuant to a Court Order;
- (b) To another professional therapist, clinician, or medical practitioner as part of a referral or consultation process;
- (c) For the purpose of discussing my clinical history with my General Practitioner or other relevant health professional;
- (d) Where, in the professional judgment of my therapist, such disclosure is necessary to prevent the commission of a serious crime and/or harm to a third party and/or harm to myself;
- (e) For any other purposes expressly described in the Pete Lewis Psychotherapy Privacy Policy, as amended from time to time.

I further consent to the collection, storage, use, and disclosure of any information reasonably required for my therapist to provide effective therapeutic services in accordance with this agreement and consistent with the terms and conditions set forth herein.

PLEASE NOTE: By signing this you are entering a legally binding contract

Client Signature : _____ Date : _____

Therapist : _____ Date : _____

Clients under the age of 18

Please discuss with therapist before signing on behalf of a client between the ages of 16 & 18.

Parent/ Legal Guardian : _____ Signature : _____

Residential Address : _____

Mobile Number : _____ Email : _____

More Information :

📍 13 Harris Street, Camden Park NSW 2570

☎ 0451 653 545

🌐 info@petelewis.com.au

Pete Lewis Psychotherapy
(also known as peregrinatio - the journey)

ABN: 66 251 108 707

THANK YOU

Pete Lewis