



Consent Form

Consent to Psychological Therapies Treatment 2026

Introduction

This document outlines the nature of counselling and psychological services, your rights and responsibilities as a client, and the conditions under which services are provided. By signing this form, you consent to participate in psychological treatment under these terms.

Consent to treatment is valid for the **2026 calendar year**. At the beginning of each new year, updated consent will be required. You may withdraw your consent at any time, and your clinician will discuss any implications this may have for your treatment.

Nature and Purpose of Psychological Services

Psychological services may include assessment and therapy. Services involve discussing personal concerns, setting treatment goals, and working collaboratively to address these goals. Therapy is most effective when you are actively engaged both during and between sessions.

Psychological treatment is evidence-based and may draw on the following approaches:

Cognitive-Behavioural Therapy (CBT), Dialectical-Behavioural therapy (D.B.T), Acceptance and Commitment Therapy (A.C.T), Motivational Interviewing and/or Schema Therapy, Emotional Focused Therapy (E.F.T)

Cultural Safety and Access

"Calm Your Farm" Counselling is committed to providing services in a culturally safe, inclusive, and respectful manner. Please advise your clinician of any cultural, language, accessibility, or communication support needs.

Collection and Storage of Information

Relevant personal information is collected and recorded to assist in providing appropriate treatment. Your information is stored securely and is retained in accordance with legal requirements:



- Adult records are kept for at least 7 years after last contact.
- Records for clients under 18 are retained until the client turns 25.

You may request access to your information, subject to exceptions under the Privacy Act 1988 (Cth) and the Health Records Act 2001 (Vic).

Confidentiality and Privacy

All information gathered during sessions is confidential except when:

- There is a risk of harm to yourself or others.
- There are mandatory reporting obligations (e.g., child protection).
- Information is required by court subpoena.
- You provide written or verbal consent to share with another professional or agency (e.g., GP, insurer).
- Clinical consultation with another professional occurs (your identifying details remain confidential).
- Limited disclosure is required by law (e.g., unauthorised access to data must be reported to the Office of the Information Ombudsman).

“Calm Your Fam” Counselling does not engage with clients in public or online in ways that may identify you, in order to protect your privacy and professional boundaries.

Use of AI Note-Taking Application

A secure AI-assisted note-taking tool may be used to assist with record keeping.

- Notes comply with Australian privacy laws.
- Verbal consent will be sought at the start of each session.
- You may decline use of this tool at any time.

Cancellation Policy

Please provide at least 24 hours' notice for cancellations or rescheduling. Late cancellations (within 24 hours) or missed appointments incur a \$100 fee. Cancellation fees are not covered by Medicare.



Emergencies

"Calm Your Farm" Counselling is not an emergency service. If you require urgent help:

- Call 000 or attend your nearest emergency department.
- Lifeline: 13 11 14
- Beyond Blue: 1300 22 4636

Your Rights and Responsibilities

Participation: You may refuse or discontinue treatment at any time.

Respectful Engagement: Therapy is most effective when undertaken with mutual respect. To gain maximum benefit of therapy, it is requested that the consumer engages with intention of completing exercises outside counselling sessions including; behavioural engagement and/or written tasks directly related to their therapy.

Feedback and Complaints: Raise concerns with your psychologist. If unresolved, you may contact the Australian Association of Social Workers (ASSW).

Consent

I, _____, have read and understood this Consent to Treatment Form. I have had the opportunity to ask questions and have them answered. I agree to participate in psychological treatment under the terms outlined above.

Signed (Client / Parent / Guardian): _____

Date: _____

Print Name: _____