



## My Spectrum Services

– meeting the spectrum of your needs

### Consent and Acknowledgement of Services form

Counselling is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a qualified clinician who has the desire and willingness to help you accomplish your individual goals. Your participation in the process requires you to share sensitive, personal, and private information that may, at times be distressing. The outcome of counselling is often positive; however, the level of satisfaction for any individual is not predictable. Your therapist is available to support you throughout the counselling process.

Apart from specific exceptions described below, you have the absolute right to confidentiality of your information. You are assured that all personal information gathered by My Spectrum Services will remain confidential and secure.

However, it is important to know there are exceptions in which all professionals are mandated (by law) to break confidentiality. This can occur when:

1. The information you have given to your worker is subpoenaed (officially requested) by a court of law.
2. If there is evidence of clear danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety. This includes if there is a strong suspicion of physical or sexual abuse, or neglect, of any person under 18 years of age.
3. Your prior approval has been obtained to:
  - a) provide a written report to another professional or agency, eg. a GP or a lawyer; or
  - b) discuss the material with another person, eg. a parent or employer.

All of the above exceptions to confidentiality are extremely rare, but it's important for you to be aware of these limitations of confidentiality under exceptional circumstances.

### Emails

When you book with My Spectrum Services, a welcome email is sent to your registered email address with the subject line "Welcome to My Spectrum Services", together with the appointment details. A reminder email is also sent 24 hours prior to your appointment with the subject line "Reminder", together with the appointment details. Please ensure your email system is secure, as we cannot be held responsible for others reading any part of your email, even the subject line.

### Online Booking System

Only a subset of your personal information (your first name, first initial of your surname and email address) is registered with our online booking and case management service, Cliniko.

70 Lord Street. Gladstone Qld 4680

Ph: 0748 282 795

ABN: 66 479 226 329



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## Cancellation / Rescheduling Policy

We have a 48-hour cancellation policy. This means you may cancel an appointment up until 48 hours prior to your scheduled appointment time.

Appointments cannot be cancelled or rescheduled within 48 hours of the scheduled appointment time, and an invoice for 90% of the scheduled fee will be issued. A 48 hour cancellation policy is the standard practice for counselling services.

## Recording of video counselling sessions

Recording of video conference sessions is a violation of our confidentiality agreement and is strictly prohibited. Management reserves the right to suspend all counselling services to any client who records or retransmits any part of a counselling session.

## Quality of Service

The mission of My Spectrum Services is to connect people with professionals who provide exceptional support. We welcome your feedback, either positive or negative, and can be contacted directly via [info@myspectrumservices.com.au](mailto:info@myspectrumservices.com.au)

## Agreement

I have read and discussed the above information with my key worker. I understand the risks and benefits of receiving services, the nature and limits of confidentiality, and what is expected of me as a client of My Spectrum Services. I agree to these conditions across the services provide by the organisation.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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