Informed Consent for Counselling Services

Welcome to **Find Your Voice with Eric**. This document outlines your rights as a client, the counselling process, and the policies of this practice. It also references the **NZCCA Code of Ethics**, which guides my professional practice. Please read it carefully, and feel free to ask any questions before signing.

1. About Counselling

Counselling provides a supportive, confidential space to explore challenges, develop insights, and work toward personal growth. The process is collaborative, and outcomes depend on your active participation. As a member of the NZCCA, I am committed to upholding the values of respect, care, and integrity in our work together.

2. Confidentiality

Your privacy is paramount, and all information shared in our sessions will remain confidential. However, confidentiality may be legally or ethically breached in the following situations, as required by law or the NZCCA Code of Ethics:

- If I believe you or someone else is at imminent risk of harm or danger.
- If there is suspected abuse or neglect of a child, dependent adult, or elderly person.
- If disclosure is required by a court order.
- If consultation with a supervisor is needed to enhance the quality of care (your identity will remain anonymous in such discussions).

Digital Communication: While I strive to protect the confidentiality of emails, texts, and virtual sessions, please be aware that electronic communications may not be entirely secure. Sensitive matters are best addressed during our sessions.

3. Record Keeping

I maintain secure, confidential records of your sessions, following the **Privacy Act 2020** and NZCCA Code of Ethics. You have the right to access your records unless doing so would pose a risk to you or others.

4. Cancellation and No-Show Policy

Your session time is reserved for you. If you need to cancel or reschedule, please provide at least **24 hours' notice**.

- Cancellations with less than 24 hours' notice may incur a fee of \$50.
- No-shows will be charged the full session fee unless unforeseen circumstances apply.

• These policies ensure fairness and align with the NZCCA's emphasis on mutual respect.

5. Fees and Payment

The standard session fee* is **based on a sliding scale.** The price depend on your gross income:

- \$100 per session (gross income below \$1000 per week)
- \$130 per session (gross income between \$1000 and \$1500 per week)
- \$160 per session (gross income over \$1500 per week)

This approach is designed to ensure that everyone can receive the support they need, regardless of their financial situation. Let me know if you have any questions or if you'd like to discuss the pricing further, payable via **bank transfer: 06-0293-0430468-00 or cash**. Payment is due within 7 days after our session.

*Couple sessions are charged an additional **\$20** due to the increased complexity and preparation involved in couple work.

Non-Payment and Debt Collection: If payment is not received within 30 days of the session, I reserve the right to refer the unpaid account to a debt collection agency. In such cases, I may disclose your name, email address, phone number and physical address to the agency for the sole purpose of recovering the outstanding amount. This will be done in accordance with the Privacy Act 2020 (principle of limiting disclosure to what is necessary) and the NZCCA Code of Ethics, which requires transparency and fairness in financial matters.

6. Your Rights as a Client

As outlined in the **NZCCA Code of Ethics**, you have the right to:

- Be treated with dignity, respect, and cultural sensitivity.
- Be informed about the counselling process and contribute to setting goals.
- Decline specific interventions or request referrals.
- End counselling at any time. I encourage discussing this decision to provide appropriate closure or referrals if necessary.

7. Emergency and Crisis Situations

I do not provide crisis services. If you are in immediate danger or need urgent support, please contact emergency services at **111** or use a crisis hotline such as **1737**, available 24/7.

Acknowledgment and Consent

By signing this document, you acknowledge that:

- 1. You have read and understood the terms of this agreement.
- 2. You consent to participate in counselling under these terms.
- 3. You understand the limits of confidentiality, cancellation policies, and other rights and responsibilities outlined here.

| Client Name: | |
|-------------------|--|
| Physical Address: | |
| Signature: | |
| Date: | |
| | |
| Counsellor Name: | |
| Signature: | |
| Nate: | |