LMCSpace
56 East Boundary Road
Bentleigh East 3165
Victoria

LMCSpace Disclosure Statement and Consent to Treatment

Thank you for choosing to undertake counselling with Lucy at LMCSpace. I appreciate that starting counselling is a significant decision and that you may have many questions. This document is intended to inform you of our business policies, any relevant legal requirements and your rights and responsibilities. This consent form is to be completed during our first session together, however, questions that arise during the course of our work together are always encouraged and I will do my best to give you all relevant information.

I, Lucy McCarthy, have a Bachelor of Applied Science (Psychology) and a Graduate Diploma of Counselling & Psychotherapy. I am a Counsellor, registered with the Australian Counselling Assocation (ACA) (Membership Number: 25095). Since commencing my career in 2008 I have worked with children, adolescents, adults, couples, families and groups. I have training and experience in using the following treatment modalities: Dialectical Behaviour Therapy (DBT), Cognitive Behaviour Therapy (CBT), Motivational Interviewing, Acceptance & Commitment Therapy (ACT), Trauma-Informed Treatments and Attachment-informed therapies. I frequently draw from other theoretical frameworks as well depending on the person or situation. Treatment practices, philosophy and plan limitations and risks will be discussed with you today.

Confidentiality
Generally speaking, your attendance of appointments and their content, communication with me and your clinical records are strictly confidential and cannot be released without your consent. There are some legal exceptions under which I may be legally required to break confidentiality, these are:

- If you provide information that informs me that you are in imminent danger of harming yourself and/or others.
- If you provide information that informs me that you or another person has physically or sexually abused a child/young person.
- If you sign a release of information to allow me to share specific information with another health care provider to allow for coordinated treatment.
- Information necessary for my clinical supervision.
- If I am required by law or by court order to release information pertaining to our work together.

If any of these situation arise during the course of therapy my preference is to inform you before taking any action, however, this is not always possible.

Emergencies
If you have an emergency or are in crisis, you are to call 000 or go to the nearest emergency room. Do NOT call me first. I will be available to follow up emergency services with standard counselling.

Fees
By entering into a professional therapeutic relationship you acknowledge that you are also entering into a financial arrangement. Payment for services rendered is due at the time of service and is the sole responsibility of the client. Accepted methods of payment are: EFTPOS, Credit Card or Bank Deposit. If a report/letter/consultation with another party is requested you may be billed for any time required to prepare the documentation or attend a meeting/consultation; this will be at the standard consultation rate per hour. For unscheduled telephone calls of a therapeutic nature a fee will be applied in 15 minute increments.
Fee schedule is as follows:
In person appointments (Individual): $150 for 75 mins & $130 for 50 mins
In person appointments (Couple/Family): $175 for 75 mins, $150 for 50 mins
Unscheduled Telephone Consultations: $30 per 15 mins or part thereof

Late Cancellation/Non-Attendance
Cancellation of an appointment is to be made no later 24 hours prior to the scheduled appointment by phone call or SMS to my mobile. Late cancellation of a scheduled session will incur a fee of $100 and a non-attendance the full fee; fees will be payable prior to the next session.

Unpaid fees
I have a responsibility not to allow clients to accumulate debt in the form of unpaid services so will not book further appointments if there are any outstanding fees. In the event that this occurs and you feel unable to continue treatment at this time I will assist you in linking in with a low fee/fee free service that can support you.

Coordination of Care
If you would like your health care providers to work together I require your written permission to communicate with them. Please be aware that you have the right to revoke this authorisation at any time. If you would like me to do this at any time during our work together please let me know.

Client Records & Privacy Principles
In Australia it is a legal requirement that I keep a record of the therapeutic work that I conduct with clients. These records constitute a health record and must be kept in accordance with the Health Records Act 2001 and the Australian Privacy Principles. Your file will be maintained electronically using web based software (“Cliniko”); they meet or exceed all Australian requirements. My business ‘LMCSpace’ has developed a Privacy Policy, a copy of which will be given to you during your first appointment. In accordance with Australian legal requirements, your record will be kept for a minimum of 7 years after your last contact with LMCSpace or until the youngest person in the file reaches the age of 25 years. You have rights around accessing these records which are outlined in the Health Records Act 2001. LMCSpace reserves the right to charge a fee (in accordance with those outlined in The Act) for their time

taken to access the records. You also have the right to request amendments to your record if there is anything that you do not agree with.

Communication

Please indicate which of the following is/are acceptable forms of communication with you:

Mobile ☐ Voicemail ☐ SMS ☐

Email ☐

Mail ☐

I can be reached via my mobile (0466 075 402) or email (LMCSpace@outlook.com) between 10am-7pm Tuesday-Thursday and 10am-4pm Friday.

Emergency Contact

In the event of an emergency or you becoming unwell when attending an appointment is there someone you would like me to contact?

☐ No

☐ Yes

Name _____

Mobile _____

Relationship to you _____

Duration of the counselling relationship

If three months lapse without your making and keeping an appointment I will assume that you are no longer interested in participating in counselling at LMCSpace and your file will be closed (made inactive) thus ending our counselling relationship. If you would like to resume counselling at any time please make contact via phone or email to discuss resuming counselling. At that time a new assessment will be undertaken and the signing of a new consent form will be required.

Agreement

I have read the preceding information; it has also been provided to me verbally and I understand my rights as a client. By signing this document I voluntarily consent to receiving therapeutic services from Lucy McCarthy of LMCSpace in accordance with the information contained within.

_____ _____

Client Name Client Signature

_____

Date

_____ _____

Lucy McCarthy Date

Counsellor & Clinical Supervisor

LMCSpace