Informed consent

Professional therapy is a safe and confidential collaboration between qualified therapists and clients to promote mental health and well-being, enhance self-understanding, and resolve issues. Clients are active participants at every stage.

We are all unique human beings with our own history, perceptions, and expectations, and as a result the outcomes of counselling can vary widely. This means I cannot promise any particular outcome, but I can assure you that I am committed to best practice with you in achieving your desired goals. I seek to provide an atmosphere that is respectful and non-judgmental.

It's the very nature of therapy that these processes may deal with issues and aspects of your life that might be triggering on a wide range of feelings. It is important, therefore, to keep me informed of any such experiences should they arise, in order to ensure my support.

To help you get the best out of the therapy process, the following guidelines are useful:

- Aim to attend every scheduled session
- Be prepared to share your thoughts and feelings openly with me
- Complete any out-of-session tasks we agree to
- When unsure, ask for clarification about any of the therapeutic activities being undertaken, and discuss any doubts or concerns you have with me.

My professional background

- Certificate in Company Direction – Institute of Directors
- Strategic Management (NVQ 5) – Edexcel, Newcastle University
- Diploma of Clinical Hypnotherapy and Psychotherapy, AHC
- Certificate as a Neuro Linguistic Programmer, Practitioner AHC
- Life Coaching Certification. AHC
- First Aid Certificate (Provide first aid, Provide cardiopulmonary resuscitation, Provide basic emergency life support).
- HCW is registered as a Member of the Australian Hypnotherapy Association, and is a member of the CPCA.

Session frequency

A typical therapy session is 60 minutes in length.

Whilst the frequency of sessions depends on the client and the nature of the issue, I do recommend an initial commitment to three appointments, preferably on a weekly or fortnightly basis.

Scheduled sessions (offered in person or via telehealth)

Sessions via phone or video conferencing are provided on the basis that we both:

- Ensure that we have a confidential and uninterrupted space,
- As far as we are able, will aim to have reliable connectivity.

Please advise me not less than 24 hours in advance if you cannot attend an appointment. Failure to do so will incur a 50% charge.

Fees

The hourly charge for therapy sessions with individuals is $155 and is payable at the time of the appointment OR prior to the appointment. Please discuss with me if you require an alternative payment option. Fees are often claimable by those with relevant private health insurance policies. Please check with your fund. Alternatively, I can provide a receipt for your business or as a tax deduction under 'Coaching'.

As I do not provide a crisis service, if there is an emergency please contact:

- Your doctor, or the emergency department of your local hospital
- Lifeline on 13 11 14, or the Mental Health Triage Service on 13 14 65.

Confidentiality

Your right to privacy encompasses confidentiality. Information discussed during our sessions is confidential and may not be shared with anyone without your written permission except when I am legally obliged:

- To report a serious and imminent threat to the life, health or property of yourself or another
- To report any abuse or neglect experienced by a young person under the age of 18 years, and/or
- To release client records when required by court order.

Confidential written records are maintained to reflect the issues and goals identified in the therapy sessions and are kept securely for seven years.

My supervision

I have an ethical responsibility to reflect on my therapy work. As part of this professional reflection, I may discuss my work with you with my clinical supervisor. In such situations, content presented is de-identified.

Acceptance by the client

I have read and understand this information, clarified my concerns, and agree to undertake therapy with Angelena Fixter. I understand that I can conclude my sessions at any time.

Client Name: _____

Client Signature: _____ Date: _____

Therapist Name: _____

Therapist Signature: _____ Date: _____