

# TANIA FAHEY

SHE / HER  
COUNSELLING & PSYCHOTHERAPY  
PACFA REGISTERED 28489  
PSYCHOLOGY AND COUNSELLING FEDERATION AUSTRALIA  
ABN 22844184197

CONSENT FOR  
SERVICES

Beaches  

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Therapy

## Personal *Details*

Date .....

Full Name .....

Mobile .....

Pronouns (optional) .....

Date of birth .....

Person responsible for payment (optional).....

Email .....

Address .....

Emergency Contact (confidentiality remains)

Doctor Contact (optional)

Name .....

Name .....

Mobile .....

Phone .....

Is English your first language?  YES  NO

Do you identify as an Aboriginal or Torres Strait Islander? (Optional) .....

Only if you feel comfortable to share, is there anything specifically you are seeking counselling for?

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Relationship issues    | <input type="checkbox"/> Feeling stressed  | <input type="checkbox"/> Feeling worried/anxious    | <input type="checkbox"/> Suicidal thoughts     |
| <input type="checkbox"/> Family issues          | <input type="checkbox"/> Crisis / trauma   | <input type="checkbox"/> Feeling sad/depressed      | <input type="checkbox"/> Self harm             |
| <input type="checkbox"/> Sexuality issues       | <input type="checkbox"/> Grief / loss      | <input type="checkbox"/> ADHD & other diagnosis     | <input type="checkbox"/> Career issues         |
| <input type="checkbox"/> Gender issues          | <input type="checkbox"/> Isolation         | <input type="checkbox"/> Alcohol / substance issues | <input type="checkbox"/> Life Responsibilities |
| <input type="checkbox"/> Sexual assault / abuse | <input type="checkbox"/> Eating/Body image | <input type="checkbox"/> Gambling                   |  |
| <input type="checkbox"/> Physical assault/abuse | <input type="checkbox"/> Anger management  | <input type="checkbox"/> Internet addiction         |  |
| <input type="checkbox"/> Harassment/stalking    | <input type="checkbox"/> Emotional abuse   | <input type="checkbox"/> Self-esteem/confidence     |  |

Other \_\_\_\_\_

## Confidentiality Agreement

Counselling is a confidential service designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies.

At all times, your privacy and care will be treated with the highest regard and confidentiality and the PACFA code of ethics will be followed.

Consent for services requires that you understand and agree to the following:

- I understand that all information regarding counselling is confidential and will not be released to any other agency or individual without my prior knowledge and written consent, except when required by law.
- I understand that Tania Fahey, my counsellor, may break confidentiality if I express a serious intent to harm others or myself or when a Duty of Care to others or myself overrides confidentiality requirements.
- I understand the information provided in counselling sessions about my physical and mental health is recorded in written notes, de-identified, stored securely, only accessible to Tania Fahey, and that I have the right to request to see these records at any time.
- I understand and authorise Tania Fahey to discuss service provision with service/s providers/s, with the understanding that all information received by Tania Fahey will be kept strictly confidential, my name will be de-identified unless agreed to prior, and will be utilised to assist with the provision of services to me.
- I understand that Clinical Supervision is a professional requirement that intends to promote the highest quality of service to me and to ensure the highest quality training to Tania Fahey who is offering her services.
- I understand that 24 hours notice is required for cancellation otherwise full payment will be charged.

**I CONFIRM THAT THE ABOVE INFORMATION PROVIDED BY ME FOR THIS CONSENT FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

**I UNDERSTAND THAT MY PARTICIPATION IN COUNSELLING IS VOLUNTARY, I MAY DISCONTINUE PARTICIPATION IN COUNSELLING AT ANY TIME, AND I HAVE READ, UNDERSTOOD, AND AGREE TO THIS CONSENT FOR SERVICES.**

Signature of client

Signature of counsellor

Client name

Counsellor name Tania Fahey

Date

Date

**Please feel free to ask me any questions, at any time, regarding this agreement.**