**A purple logo with black background

AI-generated content may be incorrect. Rowena Harris Counselling** - **ADHD Practitioner & Counsellor**

ABN: 27752461807

Rowena Harris (MA. Soc.Sci Counselling, MACA)

Certified Practicing Counsellor (ACA)

Practicing address:

Bayswater

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**CONSENT FORM**

**Counselling Service**

As part of providing a counselling service to you, Rowena Harris needs to collect and record personal information from you that is relevant to your situation. This information will be a necessary part of the assessment and treatment that is conducted.

**Access**

You may access the material in you file upon request, subject to the exceptions in National Privacy Principle 6.

**Confidentiality**

All personal information gathered by the Counsellor during the provision of the Counselling service will remain confidential and secure except when:

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you and another person at risk; or
3. Your prior approval has been obtained to

a) provide a written report to another professional or agency. e.g., GP or a lawyer; or

b) discuss the material with another person. e.g., A partner, parent, or employer

To ensure that you receive the best possible care, I may discuss details of your case with my supervisor in confidential terms. During these discussions your identity will not be revealed.

**Fees**

The cost of a counselling session (50 minutes) is $\_\_\_\_\_\_\_. This is payable by bank transfer, prior to session/s

(Credit card & Eftpos payments will be made available soon)

**Cancellation Policy**

If for some reason you need to cancel or postpone the appointment, please give me at least 24 hours’ notice, to allow others to take your place otherwise you may be charged for the session.

I, (print your name in Block Capitals) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the above consent form. I agree to these conditions for the Counselling service provided by Rowena Harris.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

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Please note: if after reading this page you are unsure of what is written, please discuss it with the Counsellor.