

Goodluck Consultancies is a counselling, psychology and consulting service. Please provide your details and read the client information.

#### Personal Details

<b>Name</b>			<b>D.O.B.</b>		
<b>Phone</b>			<b>Mobile</b>		
<b>Email Address</b>					
<b>Residential Address</b>					
	<b>Suburb</b>		<b>Postcode</b>		
<b>Postal Address</b> (if different from above)					
	<b>Suburb</b>		<b>Postcode</b>		
<b>Medicare Number</b>			<b>Reference</b>		<b>Expiry Date</b>

#### Emergency Contact / Next of Kin Details

<b>Name</b>			<b>Relationship</b>		
<b>Phone</b>			<b>Mobile</b>		

#### Nominated Representative/Carer Details (if applicable)

<b>Name</b>				
<b>Phone</b>			<b>Mobile</b>	

#### Collection of Information

In providing assistance to you, Goodluck Consultancies collects personal information from you. The information is a necessary part of the psychological or counselling services provided to you and non-identifying statistics.

#### Access and Correction

Upon written or verbal request, you may:

- Access the information recorded in your file
- Amend information you can demonstrate to be incorrect

#### Confidentiality

The storage and use of your information at Goodluck Consultancies is regulated by the Privacy Amendment (Private Sector) Act 2000. Personal information obtained by your counsellor will remain confidential. The only exceptions are if:

1. Your information is subpoenaed by a Court; or
2. Failure to disclose the information would place you or another person at risk of harm; or
3. You have given Goodluck Consultancies written permission to:
  - a. Provide a written report to another professional agency; or
  - b. Discuss the information with another person

Goodluck Consultancies must keep your file for 7 years after which time it is destroyed.

**Cancellation Policy:** If you need to reschedule or cancel your appointment, please give Goodluck Consultancies 48 hrs notice. If 48 hrs notice is not given, your unattended appointment may be billed. If we need to recover unpaid fees, the cost of that recovery may be added. Genuine emergencies will be taken into consideration.

I have read, (or had read to me) the above, and I understand and agree to the above. ☐ Yes ☐ No

Name:

Role: ☐ Participant ☐ Legal Guardian ☐ Other: \_\_\_\_\_

Signature:

Date:

## NDIS Service Agreement

This agreement is made according to the rules and the goals of the National Disability Insurance Schedule (NDIS).

NDIS client ☐ Yes ☐ No

Is this service in your plan? ☐ Yes ☐ No

### Who Pays Invoices

☐ Self-Managed ☐ Plan Nominee ☐ Plan Managed ☐ NDIA Managed

Kindly provide contact details if Plan Managed or Plan Nominee

Name		Email	
Phone		Mobile	

### Office Use Only

NDIS Plan Provided ☐ Yes ☐ No

### Key Helping Professionals Involved In My Care (Kindly attach a list of names if more space is required)

Name of Helping Professional	Organisation

### Diagnoses (Medical/Mental Health) (Kindly attach a list of names if more space is required)

Name (By Whom?)	Period (When?)

### Goals of Service Provision (Kindly attach a list of goals if more space is required)

Goals	Review Date

### Mode(s) of Service Delivery Required (Please tick)

☐ At the Clinic ☐ Home Visit ☐ Phone ☐ e-counselling/telehealth ☐ Other: \_\_\_\_\_

## Clients' Responsibilities/Rights

**Confirming Appointments:** At Goodluck Consultancies we value time. Although we sometimes send reminders, clients are responsible to remember and attend appointments.

**Advocate:** Clients can get an advocate (an independent person who will speak for clients) if clients need help in saying what they want. Clients can ask NDIS or their support coordinator about this if they like.

**Complaints** can be made by clients (or a family member, friend or advocate) to any of our staff members in person, phone, email or in writing. A copy of our complaints procedure can be given on request and found on our website. If clients are not satisfied with the outcome, clients can lodge a complaint with the NDIS Complaints Commissioner.

**Changes to This Agreement** can be made in writing and when both parties (Goodluck Consultancies and the Client) agree to the changes. Clients can end this agreement by giving us 7 days' notice.

**Duration of Support Provided** by Goodluck Consultancies will be based on the NDIS Plan provided or by the signed agreement between both parties (Goodluck Consultancies and the Client).

## Service/Consultation Fees

The Australian Psychological Society (APS) recommended fee, which is currently \$300 per hour (year 2023/2024).

For Self-Managed and Nominee Managed Funds, fees are payable at the time of your appointment. For all other funds, invoices are to be paid within 14 days. Payments accepted include cash, debit/credit card or online bank transfer. The client (or guardian) is responsible to ensure the availability of funds to pay for the services agreed to herein.

Progress reports are charged at the same hourly rate. In certain circumstances, we may be entitled to charge for expenses incurred in the provision of supports. These may include certain transport and travel costs. Travel claims are for up to 15 minutes pro-rata at the hourly rate.

## **Our Responsibilities**

Goodluck Consultancies is a Psycho-Social Service incorporating evidence-based Psychology and Social Work knowledges, principles and practices. Individually customised help from qualified Psychologists, Social workers and Therapists is available for a wide range of personal and interpersonal issues. Our responsibilities include:

- Provide the service asked for
- Be open and honest about how we can help
- Be polite and respectful
- Respect your values and beliefs
- Assist you to make informed choices
- Protect you from violence, abuse or discrimination
- Provide joint decision about the services and support we offer
- Listen to feedback and resolve any issues
- Keep information confidential and secure
- Ensure there is no conflict of interest between you and staff
- Abide by all relevant legislation
- Provide invoices/statements
- Invoice the correct amount
- Apply GST when required
- Regularly review how the service is working for you
- Let you know if we want to end this agreement

By signing this form, I declare that I understand and agree to the above terms and conditions. The above information provided is true and correct. It is also acknowledged that the client (or guardian) is responsible to ensure the availability of funds to pay for the services agreed to herein.

## **Agreement Signatures**

Name:

Signature:

Date:

## **Nominated Representative (if applicable)**

Name:

Signature:

Date:

Psychologist's Name: Gregory Goodluck

Signature:

Date:



## Therapy Consent Form

Are you here on voluntary bases (of your own free will)?

☐ Yes ☐ No

Do you understand that therapy may sometimes raise emotions which are uncomfortable or painful?

☐ Yes ☐ No

In order to maintain a high-quality standard of service for all clients, do you give consent for details about your situation to possibly be discussed in professional supervision meetings? Your identity will not be discussed.

☐ Yes ☐ No

Please note that this is not a release of information note.

I am aware that it is the right of the client to choose whether or not to discuss issues they are not comfortable with.

Name:

Signature:

Date: