

CONSENT AND STATEMENT OF UNDERSTANDING REGARDING TELETHERAPY/ONLINE SESSIONS**Client Information:**

Name _____ Date of Birth _____

Home Address _____

Suburb _____ State _____ Postcode _____

Email _____ Phone _____

Emergency Contact name: _____
Emergency Contact number: _____

I hereby authorize Daisy Amarin-Woods, principal practitioner of the Insight Counselling & Relationship Centre, to use telehealth/online technology for our therapy sessions.

I understand that there is a possibility that our technology may fail during a teletherapy session, and that there may be an interruption; a need to continue by phone; or a need to reschedule.

I authorize my therapist to contact my emergency contact (above) if she believes I may be in any danger during the therapy session.

I understand that my therapist is registered/accredited as a mental health practitioner, psychotherapist and family therapist in Australia.

I understand that if I give less than 24 hour notice to cancel an appointment, my session fee will be charged.

I understand that I am able to access Medicare rebated services, if a Mental Health Care Plan has been obtained from my General Practitioner.

I understand that I may revoke this authorization at any time by giving my written notice. I may specify the date, event, or condition on which this content expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date initiated. If there is no contact and no appointments scheduled for 60 days, my therapy file will be considered closed.

Name: _____

Signature: _____

Date: _____