

# Client Therapy

## Agreement & Consent

This document sets out the terms and conditions of the therapeutic relationship between you (the client) and your Accredited Mental Health Social Worker (AMHSW). Please read it carefully. If you have any questions, please raise them before signing.

*This agreement is consistent with the AASW Code of Ethics (2020), the Privacy Act 1988 (Cth), the Australian Privacy Principles (APPs), and Medicare requirements for Accredited Mental Health Social Workers.*

### A. Parties to this Agreement

<b>Practitioner name</b>	Upasana Gurung
<b>Qualification</b>	Accredited Mental Health Social Worker (AMHSW)
<b>AASW Membership No.</b>	468971
<b>Medicare Provider No.</b>	1619015B
<b>Practice name</b>	Snowdrop Therapy
<b>Practice address</b>	Telehealth / Online
<b>Email</b>	admin@snodrotherapy.com.au

<b>Client full name</b>	
<b>Date of birth</b>	
<b>Medicare card number</b>	
<b>Medicare reference number</b>	
<b>Email</b>	
<b>Phone</b>	
<b>Emergency contact name</b>	
<b>Emergency contact phone</b>	

### 1. Nature of the Service

Your practitioner is an Accredited Mental Health Social Worker (AMHSW) recognised by Medicare Australia to provide focused psychological strategies under a Mental Health Care Plan (MHCP). Mental health social work is a strengths-based, collaborative approach that draws on evidence-informed frameworks to support your mental health, wellbeing, and social functioning.

Sessions may incorporate a range of therapeutic approaches tailored to your needs and goals, including but not limited to:

- Cognitive Behavioural Therapy (CBT) and related approaches
- Trauma-informed and trauma-focused practice
- Acceptance and Commitment Therapy (ACT)
- Narrative therapy and strengths-based approaches
- Mindfulness-based interventions
- Psychoeducation and psychosocial support

Your practitioner will discuss the proposed therapeutic approach with you and seek your agreement before proceeding. You are encouraged to ask questions at any time about the therapy approach being used.

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## 2. Fees & Payment

<b>Standard session fee</b>	\$190
<b>Session duration</b>	50 minutes
<b>Medicare rebate (with MHCP)</b>	Current rate — refer to Services Australia

### **Automatic payment on the day of your appointment**

Your session fee will be automatically deducted on the scheduled date of each appointment. By signing this agreement, you authorise this automatic payment arrangement and confirm that sufficient funds will be available.

A receipt will be provided for each payment. If you are eligible for a Medicare rebate under a Mental Health Care Plan, the rebate will be processed separately via Medicare.

### **Payment terms**

Payment is required at the time of each session. A valid payment method may be securely stored and charged for scheduled sessions and applicable cancellation fees.

Outstanding fees must be settled before further appointments can be confirmed. If you are experiencing financial difficulty, please speak with your practitioner as early as possible so that an arrangement can be discussed.

Fees are reviewed annually. You will be given a minimum of 30 days written notice of any fee changes. Concession rates may be available — please discuss this with your practitioner.

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### 3. Cancellation & Rescheduling Policy

Your appointment time is reserved exclusively for you. The following policy applies to all cancellations and non-attendance:

Notice given	Fee charged
48 hours or more before appointment	No charge. Session may be rescheduled at no cost.
Less than 48 hours before appointment	50% of the full session fee — charged automatically on the original appointment date.
Non-attendance without notice	100% of the full session fee — charged automatically on the original appointment date.
Practitioner cancellation	No fee charged. Session rescheduled at no cost to you.

#### **Important — cancellation fees are deducted automatically**

Where a cancellation fee applies, it will be automatically deducted on the date of the originally scheduled appointment — not at the time of cancellation.

To avoid a cancellation fee, please notify your practitioner by phone or email at least 48 hours before your scheduled appointment time.

Repeated late cancellations or non-attendance may result in a review of the therapeutic arrangement. Your practitioner will discuss this with you if it becomes a concern.

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### 4. Medicare & Mental Health Care Plan

As an Accredited Mental Health Social Worker (AMHSW), your practitioner is a Medicare-recognised provider. If you hold a valid Mental Health Care Plan (MHCP) prepared by your GP or psychiatrist, you may be eligible for a Medicare rebate for up to 10 individual therapy sessions per calendar year.

To access your Medicare rebate, you must:

- Present a valid Mental Health Care Plan at or before your first session
- Ensure your Medicare card details provided in this agreement are current and accurate
- Attend a GP review after your first 5 sessions to access the remaining sessions

Your practitioner is required to send a brief written report to your referring GP following your initial session and upon completion of treatment, as per Medicare requirements. By signing this agreement, you consent to this communication. You will be informed of the content of any report before it is sent.

#### **No MHCP? Self-funded sessions are available**

You do not need a Mental Health Care Plan to access therapy. Self-funded sessions are available at the standard session fee. Please discuss your circumstances with your practitioner.

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## **5. Confidentiality & Privacy**

Everything you share in therapy is treated as strictly confidential. Your practitioner is bound by the AASW Code of Ethics (2020) and the Privacy Act 1988 (Cth). Your personal and health information will not be shared with any third party without your written consent, except in the following circumstances:

- There is a risk of serious harm to yourself or another person that cannot be managed safely in any other way
- There is a mandatory reporting obligation — for example, if a child or vulnerable person is believed to be at risk of abuse or neglect, your practitioner is legally required to report this under the relevant state or territory child protection legislation
- A court order or other legal obligation requires disclosure
- Your practitioner is required to consult with a supervisor or seek an ethical consultation (in which case your identifying information will be protected wherever possible)

Wherever possible, your practitioner will discuss any intended disclosure with you before it occurs. If you have questions about how your information is handled, please ask.

#### **Your privacy rights**

You have the right to access the personal information held about you, and to request corrections if information is inaccurate. Please contact your practitioner in writing to make a request.

Records are stored securely and retained in accordance with applicable legal and professional requirements. Digital records are encrypted and access-controlled.

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## **6. Mandatory Reporting & Duty of Care**

Your practitioner has both professional and legal obligations that may, in limited circumstances, override confidentiality. These include:

- Mandatory reporting of child abuse or neglect under state or territory child protection legislation — this obligation exists regardless of your consent
- A duty of care if your practitioner believes you or another person is at serious and imminent risk of harm
- Compliance with a subpoena or court order

Your practitioner will always aim to act with transparency and to discuss these obligations with you in advance where it is safe to do so.

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## 7. The Therapeutic Relationship

Therapy is most effective when it is a collaborative and trusting relationship. Your rights as a client include:

- To be treated with dignity, respect, and cultural sensitivity at all times
- To receive clear explanations of the therapeutic approach being used and why
- To ask questions about your treatment at any time
- To participate in setting goals and reviewing progress
- To decline any therapeutic activity you are not comfortable with
- To seek a second opinion or change practitioners without penalty
- To end therapy at any time

Your practitioner's responsibilities include maintaining appropriate professional boundaries, providing evidence-informed care, engaging in regular clinical supervision, and acting always in your best interests.

The therapeutic relationship is a professional one. It does not extend to social contact, personal relationships, or any other form of dual relationship outside of sessions.

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## 8. Telehealth Sessions

Where sessions are conducted via video or telephone (telehealth), the following conditions apply:

- You agree to attend telehealth sessions from a private, safe, and secure location where you will not be overheard
- You understand that technology failures may occasionally disrupt a session, and agree to reconnect or reschedule as required
- You agree not to record sessions without your practitioner's prior written consent
- You confirm you are located in Australia at the time of the telehealth session
- The same confidentiality and ethical standards apply to telehealth as to in-person sessions

Telehealth sessions are eligible for Medicare rebates under a valid Mental Health Care Plan, consistent with current Services Australia requirements.

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## 9. Crisis Support & After-Hours Contact

Your practitioner is not available for crisis support outside of scheduled session times. If you experience a mental health crisis, please contact one of the following services:

<b>Lifeline (24/7 crisis support)</b>	13 11 14
<b>Beyond Blue</b>	1300 22 4636
<b>Suicide Call Back Service</b>	1300 659 467
<b>Kids Helpline (under 25)</b>	1800 55 1800
<b>1800RESPECT (DFV support)</b>	1800 737 732
<b>Emergency services</b>	000
<b>Mental Health Access Line (QLD)</b>	1300 642 255

If you are in immediate danger, please call 000 or attend your nearest hospital emergency department. Please let your practitioner know at your next session if you have experienced a crisis between appointments.

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## 10. Feedback & Complaints

Your practitioner welcomes feedback and is committed to providing a high standard of care. If you have a concern about the service you have received, please raise it directly with your practitioner in the first instance.

If you are not satisfied with how your concern is addressed, you may contact:

- The Australian Association of Social Workers (AASW) — Ethics and Complaints: [www.aasw.asn.au](http://www.aasw.asn.au)
- The Office of the Australian Information Commissioner (for privacy concerns): [www.oaic.gov.au](http://www.oaic.gov.au)
- Medicare complaints (for billing issues): Services Australia, 132 011

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## 11. Use of Artificial Intelligence (AI) Tools

Your practitioner may use artificial intelligence (AI) assisted tools to support administrative tasks such as session note-taking, clinical documentation, and report writing. This is disclosed to you in the interest of transparency and in accordance with ethical obligations under the AASW Code of Ethics (2020).

#### **How AI tools are used in this practice**

AI tools may be used to assist with drafting session notes, progress notes, letters to referrers (such as your GP), and other clinical documentation. All AI-generated content is reviewed, edited, and approved by your practitioner before it is finalised or shared with anyone.

AI tools are not used to make clinical decisions, diagnoses, or treatment recommendations. All clinical judgement remains entirely with your practitioner.

Your practitioner is committed to using only AI tools that meet appropriate privacy and data security standards. The following safeguards apply:

- Your name and directly identifying information will be de-identified or minimised wherever possible when AI tools are used
- AI platforms used in this practice are selected for compliance with Australian privacy requirements and data sovereignty standards
- Your information will not be used to train AI models or shared with third parties through the use of these tools
- You have the right to request that AI tools not be used in relation to your documentation — please advise your practitioner if you do not consent to this

If you have questions about which AI tools are used or how your information is handled, or if you wish to withdraw your consent to AI-assisted documentation at any time, please discuss this with your practitioner.

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## **12. Ending Therapy**

You are free to end therapy at any time without penalty. If you wish to conclude the therapeutic relationship, please let your practitioner know so that an appropriate ending or referral can be arranged where relevant.

Your practitioner may also propose concluding therapy if your goals have been achieved, if the therapeutic approach is not meeting your needs, or if there are ethical or professional reasons that make continuing inappropriate. In such circumstances, you will be given reasonable notice and assisted with a referral where needed.

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## **13. Consent & Signature**

**Please read before signing**

By signing below, you confirm that you have read and understood this Client Therapy Agreement in full. You are encouraged to keep a copy for your records.

If English is not your preferred language, or if you would like any part of this agreement explained or clarified, please let your practitioner know before signing.

I confirm and agree to the following:

- I have read and understood this Client Therapy Agreement.
- I consent to engage in mental health social work therapy with my Accredited Mental Health Social Worker.
- I consent to the collection, storage, and use of my personal and health information as described in this agreement, in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs).
- I understand and accept the fees, automatic payment arrangements, and cancellation policy outlined in this agreement.
- I authorise the automatic deduction of session fees on the day of each appointment, and cancellation fees where applicable.
- I understand that payment is required at the time of each session, that a valid payment method may be securely stored for this purpose, and that any outstanding fees must be settled before further appointments can be confirmed.
- I understand that confidentiality has limits as described in Sections 5 and 6, and I consent to my practitioner sending a brief report to my referring GP as required under Medicare (if applicable).
- I consent to my practitioner using AI-assisted tools for session note-taking, clinical documentation, and report writing, as described in Section 11 of this agreement. I understand that all AI-generated content is reviewed and approved by my practitioner, and that I may withdraw this consent at any time.
- I understand that therapy is voluntary and I may end the therapeutic relationship at any time.
- I confirm that all personal information I have provided is accurate and complete.

**Client**

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

**Full legal name:** \_\_\_\_\_

**Parent / Guardian (if client is under 18)**

*Complete this section only if the client is under 18 years of age.*

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date

**Full legal name:** \_\_\_\_\_  
**Relationship to client:** \_\_\_\_\_

**Practitioner**

\_\_\_\_\_  
Practitioner signature Date

**Full legal name:** \_\_\_\_\_

**For office use only**

<b>Date agreement signed</b>	
<b>MHCP received?</b>	Yes / No / Not applicable
<b>Number of sessions authorised</b>	
<b>Referring GP</b>	
<b>File / client number</b>	
<b>Next review date</b>	

*This agreement should be signed by both parties at or before the first session. A copy must be provided to the client. The original is to be retained securely on the client file.*