

Password-Protected Telehealth Consent Form

Description of Services

Therapy is the process of working with a clinician for the purpose of resolving problematic behaviours, beliefs, feelings, memories, and related physical symptoms. People typically seek therapy because they are experiencing emotional or mental distress. Both counselling and hypnotherapy can facilitate problem-solving, enhance coping strategies, improve emotional regulation, and foster better relationships.

Counselling

- Talk-based therapy with a focus on exploring thoughts, beliefs, values, emotions, and behaviours.
- Modalities may include person-centred therapy, cognitive-behavioural therapy (CBT), and mindfulness-based techniques.

Hypnotherapy

- Uses hypnosis to induce a pleasant state of increased relaxation, awareness, and suggestibility.
- Therapeutic suggestions can facilitate positive changes in sensations, feelings, perceptions, thoughts, and behaviour.

Consent for therapeutic telehealth service

To provide a therapeutic service to you we need to collect and record personal information from you. This information includes your name, contact information, medical history, and other relevant information that is required as part of providing our services to you. The collection of personal information is an integral part of the therapeutic assessment and treatment that is provided.

Privacy, Confidentiality, and Disclosure

We are committed to protecting your privacy and confidentiality. Our privacy policy at <https://barwonhypnotherapy.com.au/about-2/privacypolicy/> outlines our ongoing obligations to you in respect of your personal information. However, there are some limits that you need to be aware of. If your treating practitioner needs to seek guidance from their supervisor to enhance the effectiveness of your therapeutic journey, your personal information will be de-identified. Your information will not be shared with another agency or practitioner unless we receive your explicit and informed consent. Mandatory reporting applies, meaning if your practitioner forms an opinion that you may be at risk to yourself or others, they are obligated to report. Video recording of telehealth sessions is not permitted.

Provision of our telehealth service

Our therapeutic services are delivered via Halaxy Telehealth. We will cover the cost of the call to you and the expenses associated with the platform used for telehealth consultations. You are responsible for the expenses related to setting up the necessary technology to access telehealth services.

To participate in telehealth, you will need access to a quiet and private area, as well as a suitable device such as a smartphone, laptop, iPad, or computer equipped with a camera, microphone, and speakers. A reliable broadband internet connection is required to help ensure a smooth and uninterrupted session.

Limitations of telehealth

A telehealth session might have limitations due to factors like an unreliable network connection, potentially

impacting the quality of your sessions. In the case of a dropout during your session, your treating practitioner will call you and continue the session via phone. Please note that a dropout will not affect the quality of the recording that is made for you if you are undergoing hypnotherapy.

Important considerations for hypnotherapy via telehealth

As hypnotherapy can induce drowsiness, it is essential to sit in a chair that supports your head and neck (such as a recliner), or alternately you can lie down on a couch or bed. Your treating practitioner needs to observe you during hypnotherapy to monitor your breathing and reactions during treatment. This means you will need to set up your computer, laptop, or smartphone so your practitioner can clearly see your face and upper part of your torso. As hypnotherapy involves progressive muscle relaxation, it is not suitable to hold your phone while undergoing a live session.

Personalized hypnotherapy recordings

An audio recording of your hypnotherapy script will be made for you to use at home. No other aspects of your session will be recorded. You will be sent a link via Dropbox to download your recordings. Files will be deleted after 7 days. Your personalized hypnotherapy recordings are exclusively for your own use and must not be shared or used by anyone else.

Therapeutic process & therapeutic relationship

Therapy is a comprehensive process and the results you obtain can depend on factors such as your background, the complexity and severity of your issue/s, your ability to reflect on your thoughts, feelings, and actions, the strength of your internal motivation to seek change and achieve your goals, the way in which you respond to therapy, your communication with your practitioner during your sessions, and your feedback. Engaging in therapy may involve discomfort at times, due to the recollection and discussion of unpleasant events, emotions, and experiences. If feelings of sadness, fear, or anger arise during a session, it's important to note that while these emotions are common for some individuals as part of the therapeutic journey, not everyone may experience them. Each person's emotional response to therapy is unique, and your practitioner is here to provide support and guidance should you encounter any challenging emotions. Your active engagement and commitment to completing the recommended exercises (and listening to your personalized recordings daily if applicable) outside of your one-on-one sessions may accelerate your progress toward your goals.

Quit smoking treatment

Before undertaking quit smoking treatment, you will need to consult with your doctor or treating health professional if you are currently taking any medications. Smoking can reduce the effectiveness of certain medications, including antidepressants, antipsychotics, and drugs for pain relief.

Fees

We use Halaxy for client bookings and payment. Payment is required at the time of booking. Our fees are detailed here: <https://www.halaxy.com/book/barwon-counselling-and-hypnotherapy/location/1096171>

Cancellation Policy

You will receive a notification of your appointment time from Halaxy. A minimum of 24 hour's notice is required for cancellation or rescheduling, except for accident, sudden illness, or emergency. Halaxy will not allow rescheduling inside of 24 hours. Please note that if you miss an appointment without cancelling in advance, that time cannot be allocated to another client, and you will forfeit your session.

Refund Policy

Prior to purchasing a treatment program or single sessions, please consider your commitment to therapy carefully. Refunds will only apply in exceptional circumstances.

Client Conduct

This practice has zero-tolerance towards violent, abusive, or threatening behaviour.

Termination

You may terminate or discontinue the therapeutic relationship at any time.

Disclaimer

Therapy can potentially assist in managing or alleviating symptoms associated with various physical and psychological conditions. Specific outcomes cannot be guaranteed, however, and results may vary. Hypnotherapy is considered complementary health care and is not a substitute for professional medical advice, diagnosis, or treatment. Your treating practitioner is not a medical doctor or psychologist. If you have a concern or question about your health or medical condition, please seek the guidance of your doctor or treating medical professional.

Consent to contact next of kin/emergency contact

If any circumstance arises where your treating practitioner is concerned about your welfare and is unable to contact you, you provide permission to contact the person nominated as next of kin/emergency contact.

Please download this form first before you complete and sign it.

Remember to save your responses then email to your treating practitioner.

Your Full Name _____ D.O.B. _____

Address _____ Post Code _____

Phone _____ Email _____

Please indicate your preferred therapeutic approach

- Counselling only
- Hypnotherapy - may be integrated with counselling depending on your personal preferences, goals, and the nature of your presenting issues
- Not sure yet - let's discuss during my consultations

Next of kin/emergency contact _____

Relationship to you _____ Phone _____

I confirm that I have read this document, and I understand and agree to the conditions within. By signing this document, I give my informed consent to receive telehealth provided by Barwon Counselling and Hypnotherapy.

**Please ...
SIGN HERE**

Client signature _____ Date _____