



ANDREA SZASZ M.Sc.Med. (PSYCHOTHERAPY)
SOMATIC EXPERIENCING PRACTITIONER®
PSYCHOTHERAPIST AND CERTIFIED DARING WAY™ FACILITATOR
M: 0414 309 003 EMAIL BRAVE THERAPY™

CLIENT INFORMED CONSENT INFORMATION

Address: 143 Edgecliff Road, Woollahra 2025.

This form has been prepared to provide you with all the information necessary for you to decide whether you would like to proceed with therapy with me. Sometimes clients are not aware of how therapy is different from other personal development they might have done, so I find that writing it all down before we start can prevent misunderstandings and also ensure a smoother process.

PLEASE TAKE YOUR TIME TO READ THE FOLLOWING INFORMATION IN ITS ENTIRETY AND FILL IN YOUR INFORMATION.

PLEASE ASK ME IF YOU HAVE ANY CLARIFICATION OR OTHER TYPES OF QUESTIONS ABOUT THE WORK WE WILL BE DOING TOGETHER OR ANYTHING THAT I HAVE WRITTEN HERE.

Your Name

Mobile

Email

Is this email seen by others?

Yes No

Is it okay to write about your therapy appointment time this email?

Yes No

EMERGENCY CONTACT

Your emergency contact's name

Your emergency contact's mobile

Relationship to your emergency contact

AGREED UPON FEE FOR SERVICES: beginning at \$180 per 50min, \$270 / 80min

SOME GENERAL INFORMATION ABOUT OUR THERAPY TOGETHER

What it is

Effective therapy requires a long-term and consistent commitment.

Over many years of practice, the terms and conditions set out here seem to ensure the best outcomes.

Just like many other types of learning or training whether in the gym or for musicians or athletes...

best outcomes are achieved when there is a strong commitment to attend on a consistent and regular basis.

The best outcomes for former clients have come from one weekly 50-80-minute session or up to two 80-minute sessions per week. That being said, after doing a large piece of healing work, some clients take a break to integrate the work and then return again after a few months to begin another piece of work. Other clients have preferred to keep going without breaks, as they are keen to cover more ground in less time. The perfect timing is up to you.

Holidays and Breaks

I will take holidays and also be gone for continuing education training, I will inform you of those dates as far in advance as I can.

I ask you to do the same – please inform me of your holiday dates and other dates you will be away or unable to attend so I can make a note in my schedule ahead of time.

Cancellation Policy

I have the standard 24-hour 100% cancellation fee policy most other mental health professionals have. What this means is that if you cancel your confirmed session within 24 hours of your scheduled confirmed appointment time, you will not be refunded any of the payment you have made in advance, or if you did not pay advanced, you will have to pay the cancellation fee in 24 hours.

To avoid any misunderstandings in the future. I will be as clear as I can about this 24 hour, 100 % non-refundable cancellation policy.

Your appointment time is set-aside especially for you, and if you cancel within 24 hours of that date you lose 100% of the fee.

Please initial here if you understand and agree to co-operate with this policy

Payment Policy

When we agree to work together and make the commitment to a time and the day, that spot will be kept for you. As it was mentioned before successful therapy requires regular consistent attendance. I will send an invoice weekly, one day before the sessions so you can make bank transfer comfortably.

If you have to cancel for some reason, please do so early enough so the 24 hours cancellation policy explained above won't affect you.

If you do not show up for a session and fail to make payment I will have to release your spot that was kept for you. I will try to accommodate all changes, but might not be able to guarantee a suitable session time. So please just keep me informed of planned changes to avoid disappointments.

Occasionally I do short term therapy with some clients, in that case appointments will be confirmed when payment receipt is received.

I prefer bank transfer on the day before our session. You can also pay cash or credit debit card. If you choose to pay via credit/debit card the payment will be an extra \$3 per session.

Andrea Szasz

Australian Mutual Bank

BSB: 611-001

Account #163371

Please initial here if you understand and agree to co-operate with this cancellation and payment policy.

My Training and Legal Information for you to know before we start therapy together:

I am a psychotherapist and a clinical member of PACFA # 22116, and ANZAP which are the membership organizations for all trained psychotherapists in Australia. To be a member of both of these organizations, I have passed their rigorous membership criteria. I operate under their prescribed ethical and legal standards.

I avail myself of a minimum of 30 continuing education hours every year mostly in the areas of trauma, addictions and body-oriented psychotherapy. My commitment to you is that I will keep at the forefront of best practice and leading edge developments in the treatment of all aspects of the mental health field.

I have the following academic degrees

BA in Applied Social Science Counselling
 Graduate Diploma of Psychology
 Master of Science in Medicine Psychotherapy
 Sydney University, PhD (2017-)

I have the following additional advanced training

EMDR Levels 1 & 2
 Brainspotting® Level 1 & 2
 Somatic Experiencing Practitioner®
 Certified Daring Way™ Facilitator
 Attachment Styles and Relationship Trauma Training

[My Legal Obligations & Confidentiality](#)

ALMOST everything you say to me is confidential

That means that almost everything you tell me in the therapy room stays in the therapy room and I am not allowed to tell anyone what you say.

There are a few exceptions, which I need to tell you about before we begin therapy together, so there are no surprises later on.

[Exceptions to confidentiality](#)

Supervision

Along with all other psychotherapists and psychologists, I am ethically obliged to have Supervision of the therapy I provide for my clients.

Supervision means that I pay another Psychotherapist to oversee my cases to ensure I am delivering quality therapy to you and my other clients. I do not give my supervisor your name and they are also bound by confidentiality as if you are also their client.

I am also required to have supervision to qualify to renew my memberships in PACFA (Psychotherapists and Counsellors Federation of Australia) and ANZAP (Australia and New Zealand Association of Psychotherapy)

Legal exceptions

I am permitted by law to breach confidentiality and to report to specific agencies, for example FACS (Family and Community Services) if I have any suspicions of **current abuse** of a child, dependent adult or elder if you reveal it to me directly or indirectly.

I am also required by law to report to authorities, for example, the police or your emergency contact, if you become a danger to yourself or others.

Also, if you become ill during a session, or if I deem you are in need of additional support between sessions, I may contact the person you have listed as your emergency contact, or one of your other mental health professionals to help you or to help me to help you enter either a psychiatric facility or rehab to ensure your safety.

Court Cases

If you are involved in a court case for any reason; a divorce or legal separation, custody of children, a dispute with a neighbour, a dispute over a Will, a crime you have committed, you are involved in an insurance claim, anything really.

A judge or lawyer can ASK me to produce my case notes. I would then immediately decline citing privilege on your behalf. Privilege is a question of evidence law. It gives the client the right to prevent the therapist from disclosing confidential information. A lawyer cannot make me give him/her my case notes.

But if the **judge subpoenas** my case notes, I must give them to him/her. This is rare, but it does happen and I cannot prevent it.

Other mental health professionals you are seeing

RELEASE OF INFORMATION – THIS ONLY APPLIES IF YOU ASK ME TO RELEASE CERTAIN INFORMATION OR YOU ASK OTHER PROFESSIONALS TO RELEASE INFORMATION THEY HAVE ABOUT THEIR TREATMENT WITH YOU TO ME.

I may ask you to sign a release of information form so I can speak to anyone else you are currently seeing, for example, your psychiatrist, psychologist, couples or family therapist, rehab counselor, naturopath, GP, 12 step sponsor.

You and I will always discuss this first and I am not legally able to speak them without your signed release declaring you want me to. I would do this so we are all on the same page and all moving forward in the same direction. It is vital that your support team is providing the best support possible and all agreeing on your best interests.

Therapy options

Weekly therapy

Regular sessions, provided in the same time and space weekly. Can be long term in-depth or shorter term focusing in one issue.

Intensive therapy option

I provide some clients with an intensive format of therapy delivery. There are clear guidelines for whom this is appropriate and for whom it is not. I will do an assessment with you to see if this is the most supportive way for you to do therapy with me.

For those clients who are having this delivery I must receive all fees prior to the commencement of our first intensive session. If you cancel within 2 weeks of our first session, there will be a \$600 cancellation fee. Please let me know if you would like further information about this option of therapy delivery.

ZOOM option

In some circumstances I will provide therapy via ZOOM but I would need to do a thorough assessment with you before we decide if this is your best option.

ZOOM coaching/ mentoring option

This option is for people who are interested in exploring Brené Brown's work with me, and looking for coaching rather than in-depth therapy.

WORKING VIA ZOOM WITH ME

Cancellations are expected 24-hours in advance. Be ready in advance as we will be using technology, it is not always reliable. It is best to be on your computer or laptop some time in advance to resolve any of your own technical difficulties and to log in to Zoom.

Types of online therapy and phone therapy provided

Zoom can be used with either video, audio only (video conferencing with sound only), or with Zoom LIVE instant, encrypted chat.

Technical difficulties:

As you are my counselling client, I cannot be expected to resolve your computerised technical problems. Please ensure you resolve your technical issues for yourself.

Why I use Zoom:

Skype does not technically adhere to Australian or International Privacy laws as it can be more easily hacked. Your privacy is very important to me **and therefore I use Zoom**. I will send you information, meeting number and your contract prior to our session together, The meeting number will be always the same, so after the first time just login to the meeting at the time of our session.

Please find a private, safe spot –so that we can start on time and so that your own safety, confidentiality and privacy is protected.

Have a fixed screen, moving with a screen can be very distressing for our nervous system.

Make sure you go to the bathroom, have water ect. before our session.

PLEASE NOTE

I am not able to provide immediate crisis support. At times of immediate crisis, please don't forget there are the usual crisis phone numbers and contacts –for 24-hour-a-day support:

Lifeline ph: 13 1114 or www.lifeline.org.au

Beyond Blue ph: 1300 224 636 or www.beyondblue.org.au

Suicide callback service ph: 1300 659 467 or www.suicidecallbackservice.org.au

Men's helpline ph: 1300 789 978 www.mensline.org.au

Family and Domestic violence support: 1800 RESPECT

PLEASE SIGN AND DATE BELOW IF YOU HAVE READ AND AGREE TO ABIDE BY ALL POLICIES PROVIDED IN THIS INFORMED CONSENT.

YOUR SIGNATURE HERE IMPLIES YOU HAVE ASKED ME ANY CLARIFYING QUESTIONS YOU WERE UNCLEAR ON AND HAVE RECEIVED RESPONSES THAT YOU ARE HAPPY WITH AND THAT YOU ARE INFORMED AND WANT TO COMMENCE THERAPY WITH ME, ANDREA SZASZ.

SIGNATURE REQUIRED

By checking this box and typing my name below, I am electronically signing my application.

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Signature - please type your full name

Date



SOMATIC EXPERIENCING® INFORMED CONSENT

When appropriate, and according to my clinical judgment, I will (or may) propose the use of Somatic Experiencing (SE) in our work together. SE is a short-term naturalistic approach to the resolution and healing of trauma developed by Dr. Peter Levine and is supported by research. It is based upon the observation that wild prey animals, though threatened routinely, are rarely traumatized.

Animals in the wild utilize innate mechanisms to regulate and discharge the high levels of energy arousal associated with defensive survival behaviors. These mechanisms provide animals with a built-in “immunity” to trauma that enables them to return to normal in the aftermath of highly “charged” life-threatening experiences.

SE employs awareness of body sensation to help people “renegotiate” and heal rather than re-live or re-enact trauma.

SE’s guidance of the bodily “felt sense,” allows the highly aroused survival energies to be safely experienced and gradually discharged.

SE may employ touch in support of the renegotiation process.

SE “titrates” experience (breaks down into small, incremental steps), rather than evoking catharsis - which can overwhelm the regulatory mechanisms of the organism.

For more information about SE please note the following references.

Levine, P. and Frederick, A. (1997). *Waking the Tiger: Healing Trauma : The Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

Kline, M. and Levine, P. (2007). *Trauma Through A Child’s Eyes: Awakening the Ordinary Miracle of Healing*. Berkeley, CA: North Atlantic Books.

For further references and information online about SE go to traumah healing.com

SE can result in a number of benefits to you, such as relief of traumatic stress symptoms, increased resiliency, and resourcefulness. Like any other treatment it may also have unintended negative side effects, such as sleep disturbances, frightening memories, or unfamiliar and uncomfortable body sensations. Such reactions are not uncommon and can be attended to in the course of our work together. It is important that you are aware that there are other forms of body-oriented and somatic psychotherapy modalities that may also be helpful to you, such as EMDR, Sensorimotor Psychotherapy, or Bodydynamics. Obviously, there are also many non-somatic focused forms of psychotherapy and counseling that you can choose from.

It is your responsibility to tell me when you are uncomfortable with any parts of the treatment. If you have any questions about SE or other treatments, please ask and I will do my best to answer your questions in full. You have the right to refuse or terminate treatment at all times, or to refuse touch, SE techniques, or any other intervention I may propose or employ.

PLEASE SEE BELOW TO SIGN AGREEMENT

SIGNATURE REQUIRED

I have read the above informed consent, understand, and agree to it.

Signature - please type your full name

Date

Please fill out this form as best you can, then 'SAVE AS' under your name and send the saved version back to andi@bravetherapy.com

