



Accredited Mental Health Social Worker, AASW

Bachelor Social Work, Grad Cert Gestalt Psychotherapy, Cert. Expressive Therapies

Medicare Provider Number: 5076774F

ABN: 55990712801

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Thank you for making an appointment to come and see me. I look forward to meeting you and working with you in regards to your goals, your wellbeing and recovery.

I hope the following information will give you an understanding of the way I work, and I appreciate you taking the time to understand the terms and conditions of my practice.

**My qualifications:**

I am an accredited Mental Health Social Worker and am a member of the Australian Association of Social Workers (AASW). I have a Medicare Provider Number and you can claim a rebate through Medicare with a Mental Health Care Plan and referral from your GP. I am also able to provide Non-Directive Pregnancy Counselling which attracts a Medicare rebate. I can provide more information on both these items upon request.

Being an Accredited Mental Health Social Worker means my work and practice is closely monitored by the AASW and I am required to engage in regular supervision and continuing professional development.

I hold postgraduate qualifications in Gestalt Psychotherapy and Expressive Therapies.

**My framework:**

As a Social Worker, I believe social environment, levels of support and ability to access services contributes greatly to people's mental health. My practice incorporates this understanding into my work with people, as well as looking at individual contributing factors. My training and interest in expressive therapies allows me to bring non-verbal ways of communicating and expressing into the counselling room, such as music, art, symbols, and visualisation. I am interested in patterns of attachment we develop in childhood and how that impacts on our relationships today, as well as mindfulness, self-care, somatic (body) attunement and interpersonal connection.

**Confidentiality:**

I respect your privacy and confidentiality when you come to see me. I will not disclose personal information about you to anyone unless you provide me with signed permission to do so. The exceptions to this are if I become concerned about your risk to self or others (e.g. self-harm or harm to a child), then I would need to speak to a relevant external agency such as a Doctor or the Department of Child Safety. I would speak with you about this prior to doing so.

If you see me as part of a Mental Health Care Plan prepared by your GP, I will need to communicate with your GP as to your progress upon completion of 6 sessions, and then after another 4 sessions.

I will discuss issues pertaining to clients with a supervisor without providing identifying information.

**Cancellation policy:**

Please provide 24 hours notice if you need to cancel or reschedule an appointment. I often have a wait list and this enables me to fill your spot if necessary. If you miss an appointment without providing adequate notice I will need to charge 50% of the fee.

**Out of session support:**

I am unable to provide support to people outside of session hours unless by prior negotiation. The following support lines are very useful and I would encourage people to make use of them if necessary:

The Butterfly Foundation (eating and body image issues): 1800 334 673 (Monday-Friday 8am-9pm), they also have a webchat: [www.thebutterflyfoundation.org.au](http://www.thebutterflyfoundation.org.au)

Lifeline: 13 11 44

Kids Help Line: 1800 55 1800

eHeadspace: [www.eheadspace.org.au](http://www.eheadspace.org.au)

Suicide Call Back Line: 1300 659 467

Please sign and date this form if you are in agreement with the terms above and provide some basic information. This information is kept securely by Claire Day Counselling and will not be used outside of our terms of agreement.

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NAME:

\_\_\_\_\_  
DATE:

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP (Name and telephone number):  
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Thank you for taking the time to read this information and I look forward to meeting you at your appointment time.