

# Terms of Service



Please read the information below carefully as it forms an agreement as to how we will work together and outlines my professional obligations regarding privacy and confidentiality. At our first session I will set some time aside for us to discuss this agreement and answer any queries that you may have. I will ask you to sign the agreement to show that you understand its contents.



**Counsellor:** Leah Walker BA of Empowered  
Wellness and Counselling

**Phone:** 0401 157 671

**Email:**

admin@empoweredwellnesscounselling.com.au

**Website address:**

www.empoweredwellnesscounselling.com.au

**ABN:** 42722593637

**Qualifications:**

I have a Bachelor of Counselling and am a Member of the Australian Counselling Association (ACA). I abide by their ethical framework [ACA-Code-of-Ethics-and-Practice-v16.pdf \(theaca.net.au\)](https://www.theaca.net.au/ACA-Code-of-Ethics-and-Practice-v16.pdf).

**Anti-discriminatory practice:**

I am committed to providing an anti-discriminatory service. I strive to ensure that this is present in all our work together.

**The way I work:**

There are many approaches to the way that practitioners work with clients. I have been trained in variety therapeutic approaches and am committed to continue to develop my education in line with registration requirements with ACA.

**Duration and notice of termination:**

I provide both short and long-term therapy and we can discuss the planned duration of our work together during our initial session. Typically, we will review your progress every fourth session and I require one session's notice if you wish to complete your therapy with me. In most cases, both parties will agree that you are ready to move forward independently.

**Contact between sessions:**

I maintain professional boundaries and am generally only available during normal business hours. If you require my urgent professional services between sessions, I can be contacted during my normal working hours by phone, email or text. I will endeavour to reply to you as soon as possible, but there may be a delay.

Empowered Wellness and Counselling is not a crisis support service. If you, or someone you are with, is experiencing emotional distress, please call 000. You may also call:

Lifeline on 13 11 14

Kids Helpline on 1800 55 1800

13 YARN on 13 92 76

1800 Respect on 1800 737 732

Mental Health Triage 1300 369 005

**Fees:**

Fees are published on our website and are up to date. Please check the Services section of the website.

### [Services - Empowered Wellness & Counselling](#)

#### **Payment:**

Accounts are payable on the day of consultation. You can pay via EFTPOS or direct debit to my bank account

BSB: 923100

Account number: 315435651

Account name: Leah Walker

Please use your name as reference.

#### **Cancellation:**

I require 48 hours cancellation notice via text or email. Cancellation within 48 hours of an appointment will accrue the full consultation fee to cover costs. If you arrive late, I cannot guarantee a full session if I am fully booked, as this will affect my other appointments.

#### **Supervision:**

As a registered member of ACA, I am required to undertake regular supervision to ensure that I work in a safe, ethical and effective manner. Aspects of our work may be discussed during these sessions, but no full name will be used. My supervisor is bound by the same ethical and confidentiality guidelines as I am.

#### **Attending under the influence:**

I am unable to deliver effective therapy to clients who attend sessions under the influence of non-prescribed medication or alcohol. If you are under the influence I will discuss the issue with you, and we will agree a period of abstinence prior to sessions and add this to the contract.

#### **Complaints or feedback:**

If there is anything that you do not understand, about this agreement, or if you prefer a different format, please let me know.

Similarly, if you are not happy with any of our sessions or the standard of my work, I invite you to talk to me about this.

If you feel unable to talk to me or in the event of a serious complaint, please contact ACA via <https://theaca.net.au/complaints/>

**I have read this contract carefully and I understand and agree to The Terms of Service.**

**Privacy and Confidentiality has been explained to me, and I have been provided with the Privacy and Confidentiality, and Terms of Service brochures.**

Client Signature:

Date:

Counsellor Signature:

Date: