CLIENT REGISTRATION

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Client information						
Name (first, middle, last)			Birth date			
Address	Suburb		State	Postcode		
Home phone	Mobile	Email address				

Spouse/Partner information (if applicable)

Spouse, runtiner mjormation (ij upplicubie)					
Name (first, middle, last)			Birth date		
Address	Suburb		State	Postcode	
lome phone	Mobile	Email address			
			State	Postcode	

Authorization for Release of Information

Many clients are working with a third party, such as a doctor or religious leader, in the course of their therapy. If you wish, you may write their names below to give me permission to communicate with them regarding your progress.

Please note that if you are being subsidized by a third party, you must authorize release of information to them.

"I hereby authorize Samuel Ryland to obtain/release information pertaining to my evaluation and/or treatment to/from the following listed names. I understand that authorization shall remain valid from the date of my signature below. I understand that I may revoke this authorization by written or oral communication to Samuel Ryland." Names:

Description of Services

Please review the following information carefully. Your goals are more likely to be met when you understand the nature and limitations of counselling.

Benefits and Risks

Generally, counselling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, or behaviours. Your progress will be largely dependent on your willingness to participate in the process. Most people experience improvement or resolution to the concerns that brought them to counselling. However, in some cases persons have reported feeling worse after counselling. Healing and change is difficult, and some discomfort will likely be a part of the counselling process.

Confidentiality

We understand that the information you share in counselling is of a personal nature, and that you would want it to remain private. Confidentiality will be maintained unless you give us specific permission to share information with others. However, we may be required by law to disclose confidential information if there is reason to believe that a child has been abused or neglected, or that you may be in danger of harming yourself or others.

Waiting Room/Children

Please arrange for small children to remain at home unless specifically asked to bring them as part of family therapy. Children may not be left unattended in the waiting area.

Client Follow Up

We may follow up with you some time after counselling has ended to check in and see if gains made in counselling have been maintained, and to potentially fill out an anonymous survey. If you would prefer not to be contacted, please inform us and your preferences will be respected.

"I have read the above information, and understand that I am encouraged to ask questions and give input regarding the counselling process at any time. If there is anything in this form that I do not understand, it is my responsibility to seek clarification."

Signatures			
Client Signature	Date	Client Signature	Date

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Payment Options

Payment is required on the day of the session. The default payment option is to provide preauthorization for your preferred credit or debit card. This means that your card information is stored and automatically processed by a secure, encrypted payment system at the conclusion of each appointment. Your card will never be charged for anything other than agreed appointment fees, or cancellation fees as per the cancellation policy below. This preauthorization lasts only as long as you are my client, and will be revoked upon your request.

If you would prefer to pay manually, you can pay on the day of the session either via PayPal or via bank transfer.

YES – I consent for my credit card details to be used for the payment of session fees

□ NO – I prefer to pay on the day of the session via PayPal or bank transfer.

Medicare Reimbursement

I am a Medicare accredited Mental Health Social Worker. This means that if you are undergoing any mental health concerns, there is a very good chance your GP will be able to set you up with a mental health care plan referral which subsides most of your fee for up to 10 sessions per calendar year. All you need to do is make an appointment with your GP and, if appropriate, they can provide you with a referral letter addressed to me (Samuel Ryland).

Cancellation Policy

I understand that sometimes things come up and you can't keep an appointment, and that sometimes life gets busy and you may just forget. This is perfectly ok, but to help cover the costs of room fees and lost income, it is necessary to charge a cancellation fee.

I do not charge cancellation fees if you provide 24 hours' notice, or if there is sickness or an emergency.

In other circumstances, there will be a small automatic charge of \$40 to help cover the costs of the missed appointment. The fee will be charged automatically if you are not present. If there is a good reason for the absence, I will manually refund the cancellation fee to your card.

If your treatment is being subsidized by a third party, please understand that you, and not the third party, will be liable for any cancellation fees that are owed. For this reason, credit/debit card details are still required.

"I, _. _____, have read and understand the above cancellation policy. I accept the conditions of the outlined cancellation policy. As such, I give permission for my credit/debit card to be charged the cancellation fee (as outlined in the cancellation policy) if I provide less than 24 hours notice for cancelling my appointment or if I do not show up to my appointment.

Signature_____ Date: _____

Please provide credit card details below to preauthorize payment for any session cancellation fees.

This section of the form will be destroyed immediately after it is entered into the secure payment processing system

Credit/Debit Card Details						
Your credit or debit card details are required to be maintained for the purposes of cancellation fees should they ever be applicable. They will be maintained in a securely encrypted database and only used if needed. This form will be shredded after the information is processed and encrypted.						
Name on card	Expiry Date	CVV				
Card number						