

CONSENT FORM

Welcome to Unconscious Moments

1. Confidentiality

Your privacy is taken very seriously; all notes and files are held securely. All information shared during sessions will remain confidential except under the following circumstances:

- Confidentiality will be breached if there is an imminent risk of significant harm to yourself, others, or if a child is at risk.
- If you experience acute illness or a significant disruption in perception of reality, it may be necessary to disclose pertinent information to qualified professionals and your support network to safeguard your well-being.
- If required by law (e.g., in response to a subpoena), I am obligated to provide the *necessary* information.
- Non-identifying aspects of our session may be discussed in professional supervision to support best practice. For ACC reports, these reports will be reviewed in full by my supervisor to ensure they meet ACC compliance requirements.
- Information may be shared with other professionals (such as your GP or psychiatrist) only with your explicit permission.
- No third party can request or receive any information about you, apart from a subpoena, without your consent/permission.
- You retain the right to decline or withdraw your consent at any time.
- In cases involving legitimate privacy concerns such as unauthorised sharing of your personal information (*excluding those mentioned in this contract*) or failure to protect confidential records. If you believe your privacy has been compromised, please discuss these concerns with me. You may also seek assistance from relevant organisations: The Privacy Commissioner handles general privacy matters, the NZ Psychologist Board addresses professional conduct of psychologists, and the Health and Disability Commissioner (HDC) deals with complaints about health and disability services.

2. Administrative Support

I use trusted external administrative support to help manage business tasks such as scheduling, invoicing, communication and telehealth platforms (Cliniko and Doxy).

All support staff operate under a strict confidentiality agreement and only have access to the minimum information necessary to complete their tasks such as scheduling, banking, invoicing and accounting. Your clinical information and session notes remain private and is not accessed or shared.

Occasionally, I utilize Novonote, a secure and encrypted platform that transcribes audio from consultations into clinical summaries. This tool supports efficient note taking and report preparation while adhering to HIPAA and international standards. I review all generated notes and summaries, supplementing them with my own clinical observations, as Novonote serves solely as an aid for summarization and is not used in forming clinical decisions or recommendations. **Verbal Consent** will be explicitly obtained **prior to each use**, and you retain the right to decline or withdraw your consent at any time.

3. ACC Clients

- For clients receiving therapy through ACC, collaboration with your Recovery Partner is required. I will provide reports, updates, and consult on next steps as needed for your treatment, sharing only essential information.

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- You have the right to access any ACC-related reports about you and can request correction of factual inaccuracies (excluding clinical opinions, Privacy Act 2020). Please advise if you wish to be informed prior to any contact with ACC (excluding administrative matters).
- The ACC process is broken down into various phases (getting started, early starts, cover and wellbeing, specialist cover assessment and tailored to wellbeing plans/progress reports).
- The process may vary depending on your starting point, and it is recognised that it can be a complex journey requiring time and careful scheduling. I will provide regular updates regarding your progress and outline forthcoming steps to ensure clarity throughout. The principle of **informed consent** is central to this approach. The management of the reports and therapy process remains my responsibility; your effective participation in each stage of the process is all that is required for me.

4. Primary Mental Health Scheme and Drake

If your therapy is funded by this scheme, I am required to send a summary to the referring professional. We can discuss the content of this summary should you have any concerns or reservations.

5. Session Fee and Accounts

For privately or self-funded clients each session costs \$230 (GST included). Payment can be made by bank transfer.

Payment for therapy sessions is expected *within 7 days* of your appointment unless alternative funding arrangements have been made through other agencies. Should you have difficulties with payment or require a payment plan, please discuss this directly with me as soon as possible.

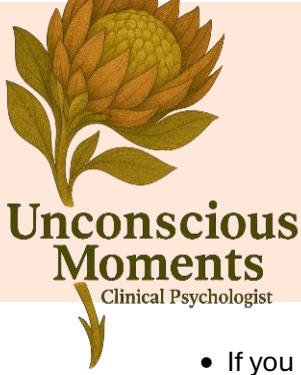
6. Cancellation Policy

To help ensure that appointment times are available to those who need them, a minimum of **24 hours' notice** is required to cancel or reschedule a session. Late cancellations may result in half the session rate being charged or the session may be forfeited. Please notify me promptly if you need to change your appointment. Appointment reminders are sent out **48 hours prior via email**. It is your responsibility to check your emails, notify me of changes and set additional reminders for yourself.

Because I value the principles of kindness and grace to us both, I strive to accommodate unexpected changes when possible, balancing this with the need to maintain consistency as this may affect both therapeutic progress and business operations.

7. General Information

- Office hours are Monday through Friday from 9:00am to 4:00pm.
- Alternative times may be arranged upon request if availability permits.
- Session frequency and scheduling may be adjusted based on client needs, general availability and unexpected changes such as leave, training or being unwell. If my schedule or therapeutic style does not fit your needs, you may need to find a different provider.
- For communication: texts and emails are primarily used for initial contact and appointment reminders. If more in-depth discussion is required, telephone or video call sessions will be arranged as appropriate, ensuring efficient and professional communication at each stage.
- For out-of-session matters and therapy-related discussions these will be reserved for scheduled appointments unless otherwise agreed. If a session is missed or I am unable to get hold of you, this conversation can be held via text, email or phone call.



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- If you are experiencing a crisis or immediate safety concerns, please **contact 111 or 0800 50 50 50** for urgent support.
- While medication is not prescribed here, if it appears helpful, referral options to medical professionals will be encouraged and discussed.

8. Telehealth Sessions

Online (telehealth) sessions are available, and **confidentiality is maintained to the same standard** as with in-person sessions. In instances where there are **long-term risk concerns**, we will collaboratively assess the suitability of telehealth and continue to evaluate this approach together.

You are responsible for finding a **quiet and private space** that supports focused, uninterrupted therapy. I will use **secure and encrypted platforms** to protect your privacy and ensure your information remains confidential.

9. Ending Therapy

You are free to end therapy at any time. However, I encourage you to have a conversation beforehand to ensure your needs are addressed and possibly this could result in a repair and our ability to continue. However, if desired, I could assist with referrals to other professionals or a handover process if we are wrapping up.

Addressing **ruptures in therapy**—defined as moments of disconnection, tension, or breakdown in trust between a client and therapist—is critically important from a client perspective because it transforms inevitable conflicts into opportunities for healing, relational growth, and improved therapeutic outcomes. While ruptures can cause frustration or prompt early withdrawal, they are normal and effectively addressing and repairing them is often necessary for success, frequently resulting in better outcomes than if no rupture had occurred at all.

11. Informed Consent

By signing below:

- You are confirming that you have read and understood this agreement.
- You have had the opportunity to ask questions or clarify
- That we are entering into a collaborative space and that being rude, abusive, disrespectful and passive aggressive will not be tolerated (The principle of mutual respect)
- And you agree to effectively participate in therapy with Chavaughn Frenchman under these conditions.

Parent/Guardian Name: _____

Signature: _____

Date: _____

And/or

Client Name: _____

Signature: _____

Date: _____