

Sara Martin – Counsellor

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FB: <https://www.facebook.com/LifeSenseCounselling/>



INFORMATION ABOUT SERVICES

Personal Information:

As part of providing a counselling service, I will need to collect and record personal information about you that is relevant to your current situation. This information will be a necessary part of the assessment and counselling that is conducted. Any such information, along with correspondence to me and my session notes, will be kept in a file and stored securely in a locked filing cabinet or electronically password protected.

Confidentiality:

All information collected will remain confidential except when:

- It is subpoenaed by a court; or
- You are at risk of harming yourself; or
- Failure to disclose would place you or another person at risk

As a counsellor I attend supervision and your case may be discussed with my supervisors. If I do, your name is not used, but some of your background details may be shared with the supervisors to ensure the best possible care for you.

Couples Counselling: Couples counselling requires a 'balanced alliance' which means that I do not take sides and will challenge and support you both, acting as an objective facilitator to what you need to explore together. Once couples therapy has commenced, in most instances I do not conduct sessions with either of you separately. When individual therapy would assist the couples counselling process, I generally refer out to another counsellor (unless we all agree I am the best counsellor to see and we talk through possible issues that may arise). Therapy does not work effectively if I'm asked to keep secrets or information is revealed to me privately that is of significance to the trust and health of the relationship. If I am approached about such an issue, I will encourage you to bring it up in session and will offer you support to reveal and navigate the issue. If I feel that I cannot continue therapy unless an issue is revealed, and in doing so will breach confidentiality, I will discuss with you the need to cease counselling.

Fees:

Consultations are 50- 60 minutes in duration. There is a \$100 fee for individual counselling or \$150 fee for couples counselling or a pre-agreed \$80/\$110 taking into consideration other circumstances such as hardship and mode of counselling (on line versus room hire). Group or family counselling fees depend on the number in the group. If you are unable to attend a scheduled counselling appointment and fail to notify me 24 hours prior to the appointment, a fee of \$40.00 will be charged.

Payment can be made in cash at the conclusion of your session; using the SquareUp EFT system at your appointment (requires a credit or debit card) or via direct debit transfer before or after your session. For Online/telephone sessions, please make payment prior to the session and forward the transaction receipt via text to my mobile or email once payment has been made.

My account details are:

Sara Martin, ANZ

BSB: 014253 A/C: 500457015

Appointments:

I have allocated times for session scheduling and sometimes have a waiting list. If you need to cancel your appointment, please notify and discuss this with me as far in advance as possible. I require a minimum of 24 hours' notice of a cancellation of your scheduled appointment. If you fail to notify me of cancellation of your scheduled appointment or are a "no show" to the appointment, you will be charged a cancellation fee. If you do not attend three sessions in a row, your counselling and appointment time may be forfeited.

The duration of counselling is up to you and you have the autonomy to choose the frequency of sessions and when you want to finish or take a break. I'd appreciate you discussing this with me so that I can accommodate other clients.

You will be provided at least one- week notice (unless circumstances are unforeseeable) when I take a break or if there is a change to a regular appointment time. I will ask you for the same notice of breaks and termination.

Qualifications & Limitations

My qualification is a Master of Counselling and I am involved in ongoing professional development. I am registered with the Psychotherapy and Counselling Federation of Australia (PACFA) and also with the Christian Counsellors Association of Australia (CCAA) for those clients who specifically want Christian beliefs considered in their self-examination. I am also able to explore other spiritual belief systems and your worldview will be respected at all times.

If I feel that we encounter an area that I do not feel qualified to assist you, I may suggest other counselling options or referral pathways to assist with our counselling. If I need to formally refer or am requested for a report, I will discuss this with you, gain your consent and only disclose relevant information.

How Counselling Operates

Counselling is a mutual, collaborative process. I work in a holistic way and we will explore your health and wellbeing; influence of your family and social systems; your biology; social interactions; psychological state; and lifestyle, spirituality or worldview. These are all elements that make up why you are who you are and understanding yourself is the key to working out what you want in life.

We will work together to develop goals on which you want to work. I cannot change you, but act as a facilitator. Only you can change yourself and take responsibility for the choices you make and making the effort to work on the concerns you have. I am committed to help you in this process. No therapist can guarantee certain results. There are some risks associated with counselling, such as discovering things about yourself that are uncomfortable, sometimes relationships change as a result of your choices and growth. Sometimes traumatic memories can arise and feelings get more

intense. I can assure you I will use my professional skills to navigate these issues with you and manage possible risks. I may refer you to other specialists if I feel it may assist you in your therapy.

When you are working with me, it is important to honour the commitment you have made to attend sessions, and to take an active role. For example, it is helpful if you: (1) spend time between scheduled sessions thinking about what we have explored; (2) follow through on any suggestions of therapeutic interventions/activities; (3) take the initiative to bring up issues or topics to talk about with me.

If you are experiencing any problems or difficulties relating to me, I encourage you to discuss these with me and we will attempt to reach some resolution. Sometimes we may decide that it is best for you to meet with another therapist.

Complaints

I am bound by the Code of Ethics of the professional associations I am registered with. If there is a grievance with me, I am registered with PACFA and you may contact them to discuss your concerns at <https://www.pacfa.org.au/contact-us/>

Please refrain from being under the influence of drugs and alcohol when attending counselling, this would be grounds for termination of the session.



COUNSELLING AGREEMENT

- I/We understand that Sara Martin is under supervision and may, from time-to-time may need to speak to her supervisor regarding my/our counselling treatment.

Yes No

- I/We understand that the counselling provided to me/us is based on Therapies and Modalities that are accredited by PACFA/CCAA that have been accredited by PACFA/CCAA. Your belief system including cultural context, religion and worldview will be respected at all times.

Yes No

If you wish to proceed with counselling would you please sign where indicated below.

- I / We have read the attached document and agree to the conditions for the counselling service to be provided.
- I / We would like to proceed with counselling.
- I / We would understand the terms of not attending counselling under the influence of drugs or alcohol

NAME: DATE:

Signature:

NAME: DATE:

Signature:

PLEASE NOTE: If after reading these pages and you are at all unsure of what is written, please discuss this with me during our session.

PERSONAL DETAILS

(Strictly Confidential)



Surname:..... Given name:

Address:.....

Phone no.:..... (Mob)

Email Address:.....

Date of birth: Relationship status:

Gender/Sexual Identity:.....

Occupation:..... Employment status.....

THIS SECTION FOR COUPLES COUNSELLING ONLY

Partner Name: Date of Birth:.....

Address:.....

Preferred Phone:

Email:.....

Occupation/Employment Status:

Names & ages of children:.....

Referred By / Found out about Sara from:

In case of emergency, who do you give permission to contact/be contacted by?

Name:..... Phone no.:

Cultural Background/Race/Ethnicity:.....

Do you have any medical/mental health conditions?

Are you currently taking any medication?

Are you seeing a medical practitioner? Name:

Brief statement describing why you are seeking counselling and what you hope to gain from our session/s?

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