



**Stephanie Foxley MCouns, MACA**  
**New Life Healing, Counselling & Wellbeing**  
**Cleveland, Qld 4163**  
 ABN: 79 342 062 780  
 newlifehealingspace@gmail.com  
 +61 407 921 122  
 Medibank Private Provider Number: A169884K  
 Police Health Fund Provider Number: AC12975T  
 Bupa: J000261  
 AHM: 21219698

<b>REFERRAL FORM</b>	
<b>PERSONAL INFORMATION</b>	
<b>First name:</b>	<b>Surname:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>DOB:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Dependent Children:</b>	<input type="checkbox"/> Yes, primary carer <input type="checkbox"/> Yes, living with others <input type="checkbox"/> No dependent children/child
<b>Main Source of Income:</b>	<input type="checkbox"/> N/A (< 16 years) <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Other pension or benefit <input type="checkbox"/> Paid Employment <input type="checkbox"/> Compensation payments <input type="checkbox"/> Other (e.g. superannuation) <input type="checkbox"/> Nil income <input type="checkbox"/> Not known <input type="checkbox"/> Not stated
<b>Living Situation:</b> <input type="checkbox"/> Lives independently <input type="checkbox"/> Lives with others/shared living <input type="checkbox"/> Lives with family <input type="checkbox"/> Homeless	
<b>NDIS Participant:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not stated <input type="checkbox"/> Accessing other disability funding	
<b>Contributing factors (tick all that apply):</b> <input type="checkbox"/> Chronic disease: _____ <input type="checkbox"/> Serious accident / injury <input type="checkbox"/> Grief /loss <input type="checkbox"/> Physical Disability <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Divorce or separation <input type="checkbox"/> Sexual assault / abuse <input type="checkbox"/> Unable to secure employment <input type="checkbox"/> Legal /corrections issues <input type="checkbox"/> Alcohol or drug related problems <input type="checkbox"/> Gambling / other addiction <input type="checkbox"/> Discrimination <input type="checkbox"/> Trauma <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Bullying and/or harassment <input type="checkbox"/> Child safety interactions <input type="checkbox"/> Other, specify: _____	
<b>Clinical/Medical Information:</b> Formal diagnosis of mental illness/disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Diagnosis: _____ GP's Name & Contact: _____ Psychologists Name & Contact: _____ Psychiatrist Name & Contact: _____	
<b>NEXT OF KIN/ PREFERRED CONTACT</b> Name: _____ Relationship: _____ Phone: _____	<b>DECISION MAKER (if relevant)</b> Enduring Power of Attorney:  Adult Guardian:  Public Trustee:
<b>Referred by:</b> Name: _____ Company: _____ Phone: _____	<b>Any other relevant Information:</b>



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## **Informed Consent**

Stephanie Foxley is a qualified Counsellor with a Master of Counselling and a postgraduate in Clinical Hypnotherapy & Strategic Psychotherapy. Stephanie is also a qualified Reiki Master. Stephanie is a member of the Australian Counselling Association (ACA), Psychotherapy and Counselling Federation of Australia (PACFA) and the Christian Counselling Association of Australia (CCAA).

Her practice New Life Healing, Counselling & Wellbeing (NLH) needs to collect information about you for the primary purpose of providing a quality service to you. In order to thoroughly assess and provide therapy, we need to collect some personal information from you. If you do not wish to provide this information; we may be unable to treat you. This information will also be used for:

- a. The administrative purpose of running the practice.
- b. Billing either directly or through an insurer or compensation agency.
- c. Use within the practice if discussing your case for your ongoing management.
- d. Disclosure of information to your doctors, other health professionals or to specialist to facilitate communication and best possible care for you; and
- e. In the case of insurance or compensation claim it may be necessary to disclose and/or collect information that concerns your return to work to an insurer or your employer.

We do not disclose your personal information to overseas recipients.

## **Rights & Responsibilities of Client**

### **Rights:**

- I. To receive services in a professional, courteous and caring manner that respects and appreciates individual difference;
- II. To be provided with adequate and accurate information regarding the services provided in order to make informed choices about engaging in counselling;
- III. To receive counselling and/or psychological support that is evidence-based, flexible and responsive to their individual needs and circumstances from properly qualified and supervised practitioners;
- IV. To participate in, and contribute to, decision making in their care and management where appropriate;
- V. To expect that their personal privacy is respected, and that their confidentiality is protected to the greatest extent permitted by law;
- VI. To access any personal and other information held for the provision of services and correct any wrong information as permitted by law;
- VII. To make a complaint about a service or their counselling/psychology experience, with the expectation that any complaint will be investigated appropriately and in confidence without fear of it affecting decisions related to their provision of professional services; and
- VIII. To the proper attention of a psychologist/counsellor at all times throughout their counselling session.

### **Responsibilities:**

- I. To be respectful to their psychologist/counsellor and other practice staff;
- II. To not record or disseminate material obtained during contact with a psychologist/counsellor; and
- III. To not use a service for a purpose for which it was not intended.

### **Rights & Responsibilities of Counsellor: (ACA Code of Ethics & Practice)**

- i. Counsellors must take all reasonable steps to ensure that the client does not suffer physical, emotional or psychological harm during counselling sessions.
- ii. Counsellors must not exploit their clients financially, sexually, emotionally, or in any other way. Suggesting or engaging in sexual activity with a client is unethical.
- iii. Counsellors must provide privacy for counselling sessions. The sessions should not be overheard, recorded or observed by anyone other than the counsellor without informed consent from the client. Normally any recording would be discussed as part of the contract Care must be taken that sessions are not interrupted.



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- iv. Exceptional circumstances may arise which give the counsellor good grounds for believing that serious harm may occur to the client or to other people. In such circumstance the client's consent to change in the agreement about confidentiality should be sought whenever possible unless there are also good grounds for believing the client is no longer willing or able to take responsibility for his/her actions. Normally, the decision to break confidentiality should be discussed with the client and should be made only after consultation with the counselling supervisor or if he/she is not available, an experienced counsellor.
- v. Counsellors are responsible for working in ways that respect and promote the client's ability to make decisions in the light of his/her own beliefs, values and context.
- vi. Counsellors should take care to prepare their clients appropriately for any planned breaks from counselling. They should also take steps to ensure the wellbeing of their clients during such breaks.  
 To ensure the process of quality treatment provision, information about your assessment results and progress may be given to relevant other service providers, who are involved in your management. These may include your GP, support networks and specialists who are also engaged in your care planning.

It can be anticipated that a course of 6-8 sessions will be required.

**Cancellation Policy:**

24-hour notice is required for cancellations, or a \$70 administration fee will be charged to the client.

I, (Name) \_\_\_\_\_, have read the above information and understand the reasons for the collection of my personal information and the ways in which the information may be used and disclosed and I agree to that use and disclosure.

I understand that it is my choice as to what information I provide, and that withholding or falsifying information might act against the best interests of my assessment and therapy progress.

I am aware that I can access my personal and treatment information on request and if necessary, correct information that I believe to be inaccurate.

I understand that if, in exceptional circumstances, access is denied for legitimate purposes, that the reasons for this and possible remedies will be made available to me.

I have read and understand the rights and responsibilities as listed above.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_