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PLEASE READ VERY CAREFULLY, BEFORE INITIALLING EACH PAGE, AND SIGNING/DATING AT THE END.

Welcome

I endeavour to provide you with a combination of professionalism, absolute confidentiality and expertise with sensitivity and empathy. This creates an environment and an atmosphere that is both comfortable and secure for you, my client, and is therefore conducive to the exploration of any/all issues you wish to discuss and explore.

**Patient/ Client Confidentiality**

The maintenance of total privacy is an integral facet of any consultation and as such, the clinician’s duty to respect patient/client confidentiality is absolutely paramount. The only exception to this rule would be a public health issue where *“the clinician believes the behaviour of the patient/client puts others at risk; or he/she has explicitly indicated an intention to harm someone”.* With this in mind, most General Medicine & Mental Health regulatory bodies are in concordance and have issued the following recommendation:

*“Although every clinician has an ethical obligation to preserve the confidences of their patients’, there are circumstances under which confidentiality may be breached, such as a danger to self and others (for example: child abuse)”*

I consider patient/client confidentiality to be sacred. With that in mind, my practice’s policy is the unqualified adherence to the above guidelines; nevertheless, should it ever be thought necessary to breach the patient/client confidentiality bond, this will be discussed at length with him/her before so doing.

**Cancellation Policy**

In order to be effective, therapy needs to take place on a regular basis with the best results occurring when appointments are consistently scheduled and regularly attended. Put differently, missed appointments jeopardise treatment continuity, and inevitably slow the healing work. These considerations, and the requirement for consistency in appointment scheduling, are the reasons for my cancellation policy:

*Appointments cancelled with less than 48 hours’ notice (2 working days) will be charged the full fee of the therapy hour. This policy is representative of the industry standard within the Counselling/ Psychotherapy profession*.

**Supervision**

Best therapeutic practice dictates that all Psychotherapists (irrespective of qualification level and extent of experience) have regular supervision to monitor their practice. I undertake regular supervision with experienced colleagues external to the practice, where I discuss certain cases, their outcomes & chosen therapeutic modalities. Patient/ Client names and/or identifying details are never revealed.

**Appointment Timing**

This practice strives at all costs to preserve the anonymity and privacy of its clientele. To this end, I would ask that all patients/clients endeavour to arrive as close as possible to their allotted appointment start-time (please no earlier). If everybody adheres to this, there should be no potentially embarrassing, or confidentiality-breaching, overlap between clientele. Sydney can be a very small place; thus, I welcome and gratefully appreciate everyone’s best efforts in helping to achieve this important common goal.

**Declaration/Consent**

Having read the above; I understand and accept the guidelines and policies of Inner Strength Therapy, contained within this agreement. I hereby consent to the above stated conditions.

Full Name (Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_