Terms of Service Agreement Form

We are delighted you have engaged the services of Clinton Power + Associates for psychotherapy and counselling.

- Clinton Power + Associates advises you, in respect to the issue of confidentiality, we (your therapist) undertake to keep all details of your sessions and anything you may disclose confidential. In some instances confidentiality may have to be broken if we assess that you are in danger of harming yourself or another, or that there is reportable child abuse, or you have committed a crime that may attract a jail sentence of 5 years or more. In this event these matters will be discussed between you the client and your therapist.
- All sessions are booked on an enrolment system. This means you are allocated a day and a time per week, fortnight or month for your appointment with us. This is to ensure you receive a regular ongoing appointment with us.
- You are liable for payment of your session fee regardless of notice given. Fees must be paid in full for any missed or cancelled appointments beyond the control of Clinton Power + Associates.
- You are not liable for any session fee for your enrolment time where your therapist has been away on vacation, is ill, or your session falls on a public holiday.
- Two weeks written (email) or verbal notice to your therapist must be given to cease your enrolment.
- Payment of your sessions will occur by direct debit via your preferred credit card or bank account on the Monday after your session. If your session falls on a Monday you will be debited that day.
- In the case of an error of fees being direct debited out of your account we will re-deposit the payment in the first instance – usually within 24 hours.
- Your payment information will be kept private and confidential at all times.

You are enrolled in the following time slot:

Day of the week		**Time of appointment**		**Frequency (weekly, fortnightly, monthly)**	

Agreement: I/we understand and agree to the terms and conditions of this agreement.

_____ _____

Client signature(s) Date

_____ _____

Therapist signature Date

Email: info@clintonpower.com.au **Phone:** (02) 8968 9323 **Web:** www.clintonpower.com.au
Address: PO Box 3248 Marrickville NSW 2204
ACN: 94150754126