



## TERMS OF SERVICE AGREEMENT FORM

### 1. Fee Schedule

SESSION TYPE	FEE
Individual Session 50 min	\$155.00
Individual Session 80 min	\$215.00
Couple Session 50 min	\$235.00
Couple Session 80 min	\$330.00
Family Session 50 min	\$230.00
Family Session 80 min	\$345.00
EMDR Phase 1-5 50 min	\$155.00
EMDR Phase 1-5 80 min	\$215.00
EMDR Phase 6-7 50 min	\$250.00
EMDR Phase 6-7 80 min	\$375.00
Supervision session 50 min	\$185.00
Supervision session 80 min	\$250.00

\*\*A maximum of four family members per family session applies, however if you require more, additional fees apply

\*\*Addiction intervention services are available upon request

\*\*Please enquire directly about Gottman couples therapy session protocols

### 2. Clinical Registration

Marryam is a full clinical member of the Psychotherapist and Counsellors Federation of Australia (PACFA 22801) and a Level 3 Gottman Therapist. You can search here <https://www.pacfa.org.au/find-a-therapist/> and here <https://relationshipinstitute.com.au/therapists/>

### 3. Private Health Insurance Rebates

Changes Psychotherapy can provide health insurance rebates through two providers. Please contact your health insurance provider directly to find out if you're eligible and quote provider number:

- a. Medibank Private Provider Number A097391Y
- b. Bupa Provider Number J114731

### 4. Payment Terms and Details

- a. We accept cash and electronic funds transfer (EFT) only
- b. Cash payment is due at the end of your session
- c. EFT payment is due 24 hours before your session and confirms your appointment
- d. Failure to pay (for EFT payments only) a minimum 24 hours prior to your session means your session is *unconfirmed* and may result in forfeiting your appointment
- e. Proof of EFT is also required 24 hours before your session and confirms your appointment
- f. Please email EFT proof of payment to [info@changes-psychotherapy.com](mailto:info@changes-psychotherapy.com) a *minimum* 24 hours before your session
- g. We do not accept third party payments unless it is through an authorised compensation claim provider
- h. Please make payment to:  
ING Direct  
Changes Psychotherapy  
BSB: 923 100  
ACC: 33418612

#### 5. No Show and Late Cancellation Penalties

- a. Late cancellation inside 24 hours before your session will incur 100% cancellation fee
- b. Cancellations are required in writing
- c. Failure to attend attracts a 100% "no show" fee
- d. Arriving late does not extend your session time

#### 6. Privacy and Confidentiality

All session notes are electronic, and password protected. The therapist may take notes during your session, but these physical notes are destroyed once they are recorded in your electronic file. Once therapy has ended, Changes Psychotherapy keeps your case file for a period of ten years. After this time, your record is destroyed or anonymised.

Your privacy and confidentiality is of the highest importance and protected by law, except when:

- a. A child is at risk of harm;
- b. You disclose you are suicidal or homicidal;
- c. You disclose you intend to commit a crime that carries a jail term of five years or more;
- d. I receive a court subpoena;

#### 7. Therapy Cessation

Therapy usually comes to an end when the client has completed their work and/or decides to terminate. However, Changes Psychotherapy reserves the right to cease service at the discretion of the therapist.

#### 8. What to expect

The initial session (and up to the first four sessions) is an assessment period, mainly comprised of gathering information from you to ascertain what has brought you to therapy. On completion of this initial phase, a therapeutic treatment plan will be discussed with you.

#### 9. Client Information

Please provide the following details:

Full Name	
Date of Birth	
Postal Address	
Phone Number	
Email Address	
Occupation	
Next of Kin (NOK) Name	
NOK Relationship to you	
NOK Phone Number	
Medicare Number	
Private Health Insurance	

#### 10. Agreement

I have read, understand and agree with the terms and conditions as set out above and I sign below as proof of this.

Client Full Name \_\_\_\_\_ DOB \_\_\_\_\_

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