



## Client Service Agreement

First Name:

Surname:

Preferred name:

### **Ink Brush Art Therapy**

Unit 186A, 15 Coranderrk St.

City, ACT 2601

0450070240

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This Client Services Agreement outlines the therapeutic services provided by Ink Brush Art Therapy & the obligations of the art therapists and clients. It is intended to provide information so that you feel safe and supported in your relationship with the Art Therapist and the therapeutic process. Should you have any concerns please advise your art therapist as soon as possible.

#### CONFIDENTIALITY

Any information about you and/or your artwork is held with utmost confidentiality and can only be released by the exceptions outlined below:

#### CONFIDENTIALTY EXCEPTIONS

Under mandatory reporting legislation I am morally and legally required to tell other people;

1. If there is serious concern that you may endanger yourself or others
2. If there is a suspicion or disclosure of child abuse
3. If records are subpoenaed by court order

There may be times when you consent for your information to be shared, such as with your medical professional, allied health practitioner, case manager and/or psychologists. This would only occur with discussion and your written consent is required.

#### APPOINTMENTS

Art Therapy appointments are scheduled through direct communications with the practice.

#### CANCELLATIONS

Our cancellation policy is strict and non-negotiable. 48 hours' notice is required when clients need to change or cancel a session (so we can offer this time to someone else). Cancellation Fees will apply without adequate notice of non-attendance.

**NDIS participants;** If you are unable to attend a session, it is your responsibility to inform the art therapist in advance so that the time can be made available to others. As we are only able to charge for a limited number of cancelled sessions - it's always preferable to reschedule sessions. Unfortunately - this means Agency Managed NDIS participants who miss or cancel 2 sessions

without adequate notice will need to be discharged from our service. Ink Brush Art Therapy reserves the right to discontinue appointments, if we feel that a lack of commitment to therapy is preventing goals being attained.

#### PAYMENT

A standard fee for a one-hour art therapy session is \$160.00 + GST or \$240 + GST for a 90 min sessions (NDIS clients are GST exempt but fees are \$175.50 per hour - as of 1st July, 2017). Group fees are \$65 + GST per week and are due at the beginning of each term. New group members are required to visit the art therapist for an initial consultation prior to the group starting, at the standard 1-hour fee. Payments are to be made on the day of your appointment via EFTPOS or Cash (unless other arrangements have been made - such as Agency/ Plan managed NDIS participants). Invoices and receipts can be e-mailed or printed at client's request. A 10% concession is applied for clients with a current health care card.

#### COMMUNICATION

Please switch off your mobile phone and other devices for the duration of your therapy session/group. School aged clients are required to leave their device with their parents/carers for the session. Clients can contact the art therapist by e-mail or text to confirm or change appointments or update basic information. Clinical questions and issues cannot be answered/discussed via e-mail/ SMS or text and will be deferred to the next session. This is because these forms of communication are not considered a secure/ confidential enough form of communication.

#### REPORTS

Please provide between 3 and 4 weeks notice when a report or assessment is required. Reports are \$135.

#### SELF CARE

In your art therapy sessions, you will be asked to outline your needs, goals, and identify ways you could improve your emotional and/or mental health. At times, this may bring up difficult feelings or memories. This is part of the process. Please do not hesitate to address it with the art therapist so they can further support you. Continuing art therapy and/or accessing other psychological support services is recommended, in order to work through difficult feelings as they arise.

#### CARERS / SUPPORT WORKERS

Carers and parents are encouraged to drop clients off and collect them at the end of their session (or use the waiting area) unless specific additional support is required.

#### OTHER

The art therapy services provided by Ink Brush Art Therapy are for personal development purposes only and are not intended for professional training. For legal and ethical reasons, it would be inappropriate for clients to offer/share art therapy interventions with others after attending Ink Brush Art Therapy's group or individual sessions. Handouts and other resources remain the intellectual property of Ink Brush Art Therapy and may not be copied or distributed without permission.

**ART THERAPIST RESPONSIBILITIES**

- To be prepared and ready for each session
- To provide a safe and supportive environment for art making
- To keep all personal information and art work confidential

**CLIENT RESPONSIBILITIES**

- To keep scheduled appointments, show up on time and leave promptly after sessions
- To switch off your phone/devices
- To be open and trust the process of art therapy
- To only share what you feel comfortable to share

**CLIENT AGREEMENT**

I \_\_\_\_\_ have been informed of the above conditions and accept the terms of service for art therapy at Ink Brush Art Therapy. I have read, understand and agree with the above (including the cancellation policy).

NAME (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Art Therapy Intake Form**

Please fill out this form and bring it to your first appointment. All personal information will remain confidential unless otherwise authorised by you.

Name:  Address:	Health Care Card: Y/N	<b>NDIS Participants</b>
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Participant Number:  Self Managed <input type="checkbox"/> Agency Managed <input type="checkbox"/> Plan Managed <input type="checkbox"/> Not sure <input type="checkbox"/>
		Have you provided a copy of the <u>goals section</u> of your <u>current</u> NDIS plan? Yes/ No
Mobile Phone:	Date of Birth: - / - - / - - -	Case/ Plan Manager is:  At:
Home Phone:	Email:	I prefer Phone <input type="checkbox"/> Email <input type="checkbox"/>
Where did you hear about Ink Brush Art		Referred by:

Therapy?				
Emergency Contact:	Family/Household members:			
Mobile Number:				
Relationship to you:				
Religion (if relevant):				
Are you currently receiving any other counselling or therapy services? Yes <input type="checkbox"/> No <input type="checkbox"/>			Would you like your other health care provider(s) to be informed on your progress in Art Therapy to better coordinate your treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dr./Mrs./Mr _____				
At _____				
***Please sign informed consent section at the end of this form***				
How would you rate your current physical health? (please circle)	Poor /Unsatisfactory /Satisfactory /Good /Very good			
How would you rate your current sleeping habits? (please circle)	Poor /Unsatisfactory /Satisfactory /Good /Very good			
From the list below tick all that apply: Are you experiencing now (last 2 weeks) - <u>or have you ever</u> experienced any of the following?	Present	Past	Both	Comments
Depression				
Trauma / PTSD				
Sexual Abuse				
Emotional Abuse				
Domestic/ Family Violence				
Anxiety				
Panic attacks / OCD / Phobias				
Suicidal thoughts / attempts				
Eating disorder (please list)				
Postpartum depression / anxiety				
Infertility / Pregnancy loss				
Autism Spectrum Disorder (please list)				
PMS / Menopause concerns				
Bipolar disorder				
Schizophrenia/ Schizoaffective Disorder				
Borderline /other personality disorder				
Substance abuse/ addictions				

Chronic health condition				
Other				

Are you currently experiencing any chronic pain? No/ Yes  
 If so, please describe:

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Are you currently taking any medications for your physical or mental health?

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Alcohol/Drug history?

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Please list any significant (positive or negative) life changes or stressful events you have experienced recently:

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Did you fill out this form on behalf of someone else? Y/ N.  
 If yes, please include your name. contact details and relationship to the client:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**INFORMED CONSENT:**  
This section is to indicate if you give permission for us to inform your other practitioners/health professionals of your involvement in Art Therapy. This doesn't mean that clinical information is shared without your permission, but that we can contact them to let them know you are doing art therapy and later on an as needs basis – if necessary.

I,..... DO GIVE / I DO NOT GIVE my informed consent for the Art Therapist to contact my other treating practitioners.

They are:  
 GP: \_\_\_\_\_ At: \_\_\_\_\_  
 Psychologist: \_\_\_\_\_ At: \_\_\_\_\_  
 Other: \_\_\_\_\_ At: \_\_\_\_\_

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

ADDITIONAL INFORMATION

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What would you like to accomplish during your time in art therapy?