COUNSELLING INTAKE FORM

CLIENT DETAILS

Title

Faith background (if any)

Given names

Surname

CONTACT DETAILS

Street name

Suburb

State

Postcode

Mobile

Email

If unsafe to contact you via this mode, place X in the box:

☐ Email ☐ Mobile call ☐ SMS

PERSONAL DETAILS

Date of birth

Age

Birth country

Ethnic background

Year of arrival

Occupation

Any partner or children (name, age)?

What is your current living arrangement?

Marital status: ◉ Single ○ Married ○ Divorced ○ Separated ○ Widowed

Who is in your family or origin?
Please list yourself with any
siblings in birth order.

EMERGENCY CONTACT

Name

Surname

Contact number

Relationship to you

GP DETAILS as second emergency contact

Name of practice

GP name

Contact number

MEDICAL HISTORY

Specify any medical or mental health diagnoses
(N/A if non-applicable)

Have you made any past attempts of suicide? ◯ Yes ◯ No

**** If yes, please tell your counsellor in the first session**

Is there a family history of mental illness, substance abuse or suicide? ◯ Yes ◯ No

Please specify any current addictions
N/A if non-applicable

ADDITIONAL INFORMATION (Please keep responses to 4-5 short sentences or points)

What made you decide to come to counselling now?

What experiences, symptoms, or problems are your main concern?

What do you expect from counselling? What are your goals?

How did you hear about us?

PRIVACY AND CONFIDENTIALITY

The following points summarises our privacy and confidentiality procedures: These procedures are as required by the Privacy Amendment Act (2001). Please read this carefully and if you have any concerns, please discuss this with your counsellor before signing the counselling agreement form.

Confidentiality Protocols

All personal information gathered by the counsellor will remain confidential and be kept secure in locked filing cabinets and/or password protected electronic files which are accessible only to The Crossing Counselling Services. Possible exceptions to confidentiality may occur in the following circumstances:

- If your counsellor learns that a child is being harmed, or is at serious risk of harm or neglect they will contact the appropriate authorities (as is required by law).
- If your counsellor has reason to believe that you may be in danger of physically hurting yourself or somebody else, then other people (such as family, emergency services or friends) may need to be involved in order to keep you safe or to keep other people safe.
- In order to comply with professional and ethical requirements, counsellors receive supervision by senior colleagues. In these cases your personal details are not disclosed, and supervisors maintain the same level of confidentiality as your counsellor.
- In the rare event that information about you may be subpoenaed by a court.

If any of these circumstances do arise, your counsellor will endeavour, where possible, to discuss with you regarding the need to breach confidentiality.

COUNSELLING AGREEMENT

Session Times

The duration of counselling sessions for individuals will run for 55 minutes, and 1 hour for couples.

Fees and Payment

For the first booking, a deposit of $75 is due within 3 business days after the booking is made in order to officially secure the time slot. The balance of the fee is due prior to the session. If the deposit is not received within this time frame, the appointment time will automatically be released and made available for other clients. The deposit is fully refundable if you cancel more than 36 hours before your appointment (see cancellation policy).

Fees for subsequent sessions will be due before each session. Invoices will be emailed 1-2 days before each session.

Late Attendance to Session

Should you be running late to attend a session, please call or SMS to advise us of your expected time of arrival. If you arrive late the session will still need to conclude at the original time. Your time will not be able to be extended to allow for your late arrival due to other client sessions. If you arrive more than 15 minutes late without notice, we reserve the right to cancel the session. The full fee of the session will still be required in all the above circumstances.

Reschedule and Cancellation Policy

As the client, you are responsible for keeping track of appointments and contacting me as soon as possible if you are unable to attend your scheduled appointment. **If for some reason you need to postpone or cancel an appointment, please provide at least 36 hours. Failure to do so will incur the full fee.** You can reschedule or cancel your appointment using the links in the confirmation email when you made the booking.

If you are unable to attend due to a sickness or non work-related emergency that arises within 36 hours, please get in touch ASAP by email, SMS or phone call. You are entitled to one free cancellation per calendar year in these circumstances, thereafter the standard cancellation procedures above apply. Please note that late cancellations due to change in work commitments will not be considered as reasonable grounds for non-payment of the cancellation fee. I reserve the right to decline further bookings due to failure to oblige to this policy.

In the event of continual appointment cancellations, full payment will be required upfront at the time of booking. This is to safeguard the accessibility of counselling services for others. Should there be extenuating circumstances, please contact us to discuss further.

Change of Details

If your personal details change during the course of our relationship, please inform us of your new details as soon as possible.

CONSENT AND AGREEMENT

☐ I have read and understood the above document. I accept the information provided and agree to these conditions for the provision of counselling services provided by Jessica Joseph, The Crossing Counselling Services.

Client Full Name Client Signature Date

Please email completed form to jess@thecrossingcounselling.com.au

Bookings are tentative and counselling will not commence if form is not received in 3 business days of making the booking

TELEHEALTH (ONLINE COUNSELLING) CONSENT (IF APPLICABLE)

You are responsible for the costs associated with setting up the technology you need in order to access the telehealth services. The privacy of any form of communication via the Internet is potentially vulnerable and limited by the security of the technology used. To support the security of your personal information, The Crossing Counselling Services uses Zoom which is compliant with the Australia standards for online security and encryption.

Use of NovoPsych AI Note-Taking Tool

Your counsellor uses NovoPsych AI Companion to document session notes and actions. You can request the notes from your counsellor at any time.

Purpose: To allow more presence during sessions and reduce manual note-taking.

Your information is not used for any other purpose. The AI-generated notes will be deleted after your counsellor formally documents the session.

Opt-Out Option: You may request to not use NovoPsych at any time.

More information about NovoPsych is in the Fact Sheet and Consent Form attached and on the NovoPsych website https://novopsych.com/novonote-security/.

Other considerations:

Time: Please ensure you have enough uninterrupted time for a normal length session (1 hour).

Space: Choose a space where you feel safe and comfortable and can focus without any interruptions. Ensure you have good Internet connectivity and there is good lighting so we can see each other clearly.

Device: You will need device like laptop, iPad or desktop computer. Try not use your phone for video counselling, as the screen is too small.

Sound: Please ensure you have a working in-built microphone and camera on your device. A headset with a microphone should also work fine.

Consent to receive support services by Telehealth

☐ I have been provided with information about the service including limitations to privacy and confidentiality and I agree that in circumstances where the therapist is concerned about my welfare and is unable to contact me, permission is provided for the therapist to contact the appropriate people.

Client full name Client signature Date

NovoNote
by NovoPsych

Note Taker — Client Consent

To support better focus on your care during sessions, clinicians at our practice use NovoNote, an AI tool that assists with taking session notes. Please read the information below before giving consent.

Purpose

The AI note taker lets us focus more on communication and your care during sessions, rather than on manual note-taking.

What is recorded and saved

The audio of your session is cached transiently and deleted immediately after a successful transcription. If a transcription does not complete, the audio is held securely until the note can be recovered. NovoNote converts the audio into a transcript, which is used to create a session summary. Your clinician reviews and edits the summary, which is saved as part of your file.

What happens to the transcript: The transcript is deleted once the summary is created or kept securely as part of your record to support your ongoing care.

Privacy and security

- Identifiable details are redacted before processing, so the underlying AI models never receive personally identifiable information.
- Your data is never used to train AI models.
- Data is encrypted in transit (TLS 1.2+) and at rest (AES-256), stored on secure servers in Australia, and independently certified to ISO 27001 and SOC 2 Type II.
- NovoNote complies with HIPAA standards, AHPRA and the Australian Privacy Principles.

More information: https://novopsych.com/novonote-security/

Period of consent

This consent is provided for the period below and is reviewed if the terms of the service change. You can withdraw your consent at any time, and doing so will not affect the quality of your care.

Consent is valid until (date): *(leave blank if ongoing)*

I have read and understood this form and the information provided to me.

☐ *I consent to the audio of my session being processed into a transcript for the purpose of creating session summaries, and to the handling of the transcript as described above.*

☐ *I do not consent to the audio of my session being processed into a transcript for the purpose of creating session summaries, and to the handling of the transcript as described above.*

Name:

Signature (initial):

Date: