



This Service Agreement is between:

Donna Schwarz-Nielsen of *Let's chat about* ('counsellor') and [client name, address and NDIS No.] ('client').

This Service Agreement outlines how *Let's chat about* will provide [client name] with Mental Health and Wellness Counselling and Coaching Services according to the terms of this agreement.

About Counselling and Coaching

Counselling and coaching is a professional service based on Positive Psychology, which supports and empowers you to stretch and grow beyond what you can do on your own, to become the healthier person you wish to be.

About the Program and Sessions

This program is designed to help you discuss problems, set goals, and move towards your vision etc.

In our sessions, I will support you to set realistic goals and maintain a steady course for success. If you start falling into old habits, that's normal! Your program will support and encourage you to work around this.

We will have [number of sessions, duration, and location; mention period plan dates over which they occur]

Costs are capped at \$156.00 per hour plus travel at no more than 30 mins each way using the NDIS line item 15_056_0128_1_3 Other professional / counselling

The First Step - Your Wellness Questionnaire

Your wellness questionnaire sets the scene for our first counselling session. It helps you define what is working right now and consider what you'd like to change going forward. The questionnaire helps you find your wellness priorities and formulate ideas for the direction you want to take.

You do not have to fill out the whole questionnaire however, the more information you provide, the better I am able to tailor sessions to meet your needs, vision, and goals.

My Services and Responsibilities as Your Counsellor

- I will be punctual and responsive.
- My role is to help you improve your mental health and/or wellness, and the ability and self-confidence to maintain a higher level of wellness than you have right now.
- Through a counselling and/or coaching inquiry, I will encourage you to identify your vision and goals, motivators, obstacles, and strategies to overcome your obstacles, and commit to improving your wellness.
- I will listen to you attentively and without judgment or my own agenda.
- Where possible I will ask questions and encourage you to arrive at your own answers.
- I will encourage realistic expectations and goals.
- I will be direct and firm with feedback when needed.
- I will help identify creative solutions to get around roadblocks.
- I will provide information if requested to help you engineer wellness activities into your busy life.
- I will ask your permission before providing advice or direction.
- I will recognise early whether the chemistry with you is not optimal and refer you to another counsellor.

- I will acknowledge issues outside my scope of knowledge and skill and recommend other avenues.
- I understand that information discussed will be held as confidential.
- I will facilitate an agreement that makes clear the nature of the counselling process.

Your Responsibilities as My Client

- I will be punctual and responsive.
- I want to improve my level of wellness.
- I believe that a higher level of wellness will bring me powerful benefits that are very important to me.
- I am ready to take responsibility to make and sustain changes in at least one area of wellness.
- I will be open and honest, and I will share personal information that is relevant to wellness.
- I am ready to become more self-aware.
- I am open to suggestions and trying new things.
- I understand that setbacks are normal and necessary in order to establish new behaviours.
- I will ask for the support, feedback or resources I need.
- I will let my counsellor know as soon as possible if a problem is arising that could affect this agreement.

Terms of Service

- This agreement commences on [date here]
- By signing this contract, you agree that:
 - that you undertake the Services at your own risk; and
 - that *Let's chat about* and *Donna Schwarz-Nielsen* are not responsible or liable for any injury, loss or damage that may inadvertently occur to you as a result of undertaking these Services; and
 - that you will do your own research into these Services and determine their suitability for you, before you commence; and
 - that you allow *Let's Chat About* to access, collect, share and use data that you provide or that is collected in the provision of Services with other health professionals where warranted in the service of providing collaborative care.
 - You will pay all fees in full within 30 days of the date of this agreement.
- Respectfully, no claims are made.
- Appointment times are by agreement.
- Cancellation: 48 hours' notice is required otherwise full payment is due and payable.
- Privacy: I will take all due care with your personal information. Please refer to the Privacy Policy.

I understand and agree to the Terms of this Service Agreement:

Client Name: _____ NDIS No. _____

Address: _____ Phone Number: _____

Representative name/position: _____

Client/Representative Signature: _____

Date: _____