

Informed Consent

Your consent to begin counselling

Before we begin, it is important that you understand what counselling involves and that you choose it freely. I will go through this with you at our first session, and you are always welcome to ask questions. I practise under the PACFA Code of Ethics and Professional Conduct (2026).

What counselling involves

- Counselling is a collaborative, confidential conversation aimed at improving wellbeing, understanding and resolving concerns.
- It can bring real benefits, but outcomes cannot be guaranteed.
- It can sometimes bring up difficult feelings or memories. If this happens, please let me know so we can work with it together.
- I draw on a range of approaches, including CBT, DBT, narrative, positive and trauma-informed therapy. I will explain what I suggest and why, and you can always say no.

Your rights

- Your participation is voluntary. You can ask questions, decline any activity, pause, or end counselling at any time.
- You will be treated with respect, regardless of age, gender, sexuality, culture, faith, ability or background.
- You can see your records, and raise a concern or complaint at any time.

What you are agreeing to

By signing below, you confirm that you have read and understood:

- my **Client Information and Agreement**, including fees and the cancellation policy;
- my **Confidentiality and Its Limits** statement;
- my **Privacy Policy** and **Collection Notice**; and
- if relevant, my **Telehealth Terms**.

AI Scribe (see my Privacy Policy): I agree to its use in my sessions ☐ Yes ☐ No (you can change this at any time)

Couples and young people

In couples counselling, each person gives their own consent. For clients under 16, a parent or guardian's written consent is required before counselling begins. Some young people may be able to consent for themselves, depending on their maturity and understanding; I will assess this carefully with them.

Consent

I have read and understood the information above, have had the chance to ask questions, and consent to counselling with Paul Scott-Williams. I understand I can withdraw my consent at any time.

Client name: _____ Signature: _____ Date: ____/____/____

Second client (couples): _____ Signature: _____ Date: ____/____/____

Parent/guardian (under 16): _____ Signature: _____ Date: ____/____/____

Counsellor: Paul Scott-Williams

Signature: _____ Date: ____/____/____