

Australian Health & Education Centre
Suite 207, 410 Elizabeth Street, NSW 2010, Australia
Ph +61 (0)2 8021 6429. Web: www.healtheducationcentre.com and www.tracieokeefe.com

**Terms & Conditions of Sex, Gender & Sexuality Consultation Agreement (Telephone, Skype, Online & Mobile) with
Dr Tracie O’Keefe DCH, ND, NSHAP ADV DIP THP, ANPA, PACFA, ASSERT, AHA**

Please read the following and sign at the bottom of the page and email back to info@tracieokeefe.com

Sex, Gender & Sexuality Consultations are offered by telephone, Skype or Mobile to people living both inside and outside Australia. Please note that this service is NOT counselling or psychotherapy. Dr O’Keefe is acting as a consultant, where she offers her expertise as a specialist in this field. She is not acting as a clinician - clients must see their own clinicians and therapists.

FEES & PAYMENT

The first consultation will last for 2 hours. Further consultations will be 1 hour per time. Fees are charged by the hour. **Payment is required at the time of booking and will be deducted from your credit card at this time.** For the initial booking, you are required to pay for the very first two-hour session and also for the next session which lasts one hour in advance which makes three hours. **Each consultation, you pay for one hour in advance if it is a one-hour session** or two hours if it is a two-hour consultation. The client calls the consultant at the scheduled time and pays for all telephone, Skype or Mobile calls.

CANCELLATION POLICY

If you need to change or cancel your appointment you will need to make those alterations at least 48 BUSINESS hours in advance (Mon-Fri 9am-5.00pm Australia Sydney time). So if your appointment is on a Monday, you will need to cancel it on the Thursday before during business hours. If it is on a Tuesday, you will need to cancel the Friday before during business hours and so on. **Changes or cancellations made less than 48 BUSINESS hours in advance will incur the charge of the FULL rate for that session. This also applies to missed appointments.**

I may communicate with you from time to time, both on your specific case, as well as sending you relevant information via my email newsletter. You can unsubscribe from the newsletter at any time by clicking the ‘unsubscribe’ link at the bottom of the email.

CLIENT DECLARATION

As a client, I understand and agree that I am fully responsible for my well-being during my consultancy calls, including my choices and decisions. I am aware that I can choose to discontinue the consultations at any time. I recognise that the consultancy is not psychotherapy or counselling and that professional referrals will be given if needed.

I understand that the consultancy is designed to facilitate the creation or development of personal, professional or business goals and to develop and carry out a strategy or plan for achieving those goals.

I understand that the consultancy process may involve all areas of my life, including work, finances, health, relationships, education and recreation. I acknowledge that deciding how to handle these areas and implement my choices is exclusively my responsibility.

I understand that the consultancy does not involve the treating of mental disorders as defined by Australian/American/UK Psychiatric Associations. I understand that the consultancy is not a substitute for counselling, psychotherapy, psychiatry, mental health care or substance abuse treatment. I am aware of my responsibility not to use it in place of any form of therapy.

I declare that if I am currently in therapy or otherwise under the care of a mental health professional that I have consulted with this person regarding the advisability of my taking part in this consultancy service and that this person is aware of my decision to proceed.

I understand that information will be held by the consultant as confidential unless I state otherwise in writing, except as required by law.

I understand that the consultancy is not to be used in lieu of professional advice. I will seek professional guidance for legal, medical, financial, business, spiritual or other matters. I understand that all decisions in these areas are exclusively mine and I acknowledge that my decisions and actions regarding them are my responsibility.

I (insert name).....have read, understood and agree to the above.

Client Signature.....Date.....