



MIKARLA TEAGUE
CREATIVE ARTS THERAPY

Website: www.mikarlateague.com Phone: 0406 022 739 Email: info@mikarlateague.com

CLIENT SERVICE AGREEMENT

This agreement is between Mikarla Teague Creative Arts Therapy and;

| | |
|------------------------|-------------------|
| FIRST NAME: | LAST NAME: |
| PREFERRED NAME: | DATE: |

Agreement to provide Supports for NDIS Participants:

This Client Service Agreement is in accordance with the rules and the goals of the National Disability Insurance Scheme (NDIS).

Mikarla Teague Creative Arts Therapy agrees to provide Art Therapy to you to assist you to meet your goals as identified in your NDIS plan.

This Client Service Agreement works in conjunction with your current NDIS plan. If you would like Art Therapy in future NDIS plans, this Service Agreement applies upon confirmation of continuation of our services.

Agreement to provide Supports for General Participants:

This Client Services Agreement outlines the therapeutic services provided by *Mikarla Teague – Creative Arts Therapy* & the obligations of the art therapist and clients. It is intended to provide information so that you feel safe and supported in your therapeutic 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.

CONFIDENTIALITY EXCEPTIONS

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

1. If there is sincere 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.
4. 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 through discussion and your written consent is required.

APPOINTMENTS

Art Therapy appointments are scheduled through direct communications with the practice via email or text message.

CANCELLATIONS

Our cancellation policy is strict and non-negotiable. 24 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 is always preferable to reschedule sessions. Mikarla Teague – Creative Arts Therapy reserves the right to discontinue appointments, if we feel that a lack of commitment to therapy is preventing goals being attained.

Mikarla Teague - Creative Arts Therapy invoice weekly and claim according to how your NDIS plan funding is managed. If your NDIS funding is:

- **Self-managed** by you or your nominee, Mikarla Teague Creative Arts Therapy will send you an invoice for payment by the Monday following your appointment.
- **Plan Managed** by a Financial Intermediary (Plan Manager), Mikarla Teague Creative Arts Therapy will send invoices directly to your Plan Manager on your behalf for payments. You can also request we send it to you to forward it to your Plan Manager if you prefer.

PAYMENT

- **The standard fee for a one-hour (60 minute) in-person mobile art therapy session is \$220.00 (\$180 facilitation fee + \$40 travel fee) * Fees including session prices, travel and reports are subject to change.**
- **A standard fee for a one-hour (60 minute) Zoom art therapy session is \$170 * Fees including session prices, travel and reports are subject to change.**

Invoices will be issued via Mikarla Teague - Creative Arts Therapy's chosen accounting software *Hnry*. Invoices can additionally be emailed or printed at the client's request. Invoices are to be paid within 5 business days of receiving, via bank transfer or credit card.

COMMUNICATION

Clients can contact the Art Therapist by email or text message to confirm or change appointments or update basic information. Clinical questions and issues cannot be answered/discussed via email or SMS 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 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 unless specific additional support is required.

OTHER

The art therapy services provided by Mikarla Teague – Creative 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 Mikarla Teague – Creative Arts Therapy individual sessions. Handouts and other resources remain the intellectual property of Mikarla Teague – Creative Arts Therapy and may not be copied or distributed without permission.

ART THERAPIST RESPONSIBILITIES The Art Therapist agrees to:

- To be prepared and ready for each session.
- To provide a safe and supportive environment for art making.
- To keep all personal information and artwork confidential.
- Issue regular invoices and statements of the Services delivered to the Participant and/or Carers/Support Workers.
- Treat you with courtesy and respect and communicate openly and honestly in a timely manner and a format of your choosing.
- Consult you on decisions about how our services are provided.
- Listen to your feedback and resolve problems quickly.
- Protect your privacy and confidentiality and right to choice and control.
- Keep clear records on services provided that you are able to request at any time.
- Provide supports in a manner consistent with all relevant laws, including the National Disability Insurance Scheme Act 2013 (Cth) and rules, and the Australian Consumer Law.

CLIENT RESPONSIBILITIES The client agrees to:

- To keep scheduled appointments, show up on time and leave promptly after sessions.
- To be open and trust the process of art therapy.
- To only share what you feel comfortable to share.
- Provide Mikarla Teague - Creative Arts Therapy with a copy of your NDIS plan for the purposes of Support Coordination.
- Notify Mikarla Teague - Creative Arts Therapy know if restrictive practices come into effect, so we can implement the right supports.
- Notify Mikarla Teague - Creative Arts Therapy know immediately if there are any changes to the NDIS Plan that affects the services provided under this agreement, including any changes, suspension, or reviews.

- Notify Mikarla Teague - Creative Arts Therapy know immediately if you nominate someone else to assist you in managing your NDIS Plan to coordinate your service providers and supports.
- Notify Mikarla Teague - Creative Arts Therapy know if you change your address or contact details.
- Give Mikarla Teague - Creative Arts Therapy advanced notice if you cannot make a scheduled appointment to avoid cancellation fees.
- Treat Mikarla Teague - Creative Arts Therapy personnel with courtesy and respect.
- Talk to Mikarla Teague - Creative Arts Therapy if you have any concerns about the services or support being provided.

Mikarla Teague - Creative Arts Therapy respects your privacy and personal information and will not disclose to any party, unless there is a duty of care to prevent harm occurring. Our full Privacy Policy will be available at www.mikarlateague.com

Mikarla Teague - Creative Arts Therapy are required to report to the NDIA or disclose information relating to plan expenditure on request.

We also give you the option for our team to work closely with others to resolve issues that come up with the NDIS or negotiate on your behalf. We require your consent to do this.

We will not reveal your budget to others without your approval, but may discuss the best ways to invoice, or charge for a service you have approved, for example.

Mikarla Teague - Creative Arts Therapy can contact my other Service Providers, after obtaining specific permission from me each time, to sort out issues, and to obtain clinical information to support my art therapy progress

Mikarla Teague - Creative Arts Therapy can contact my Local Area Coordinator or NDIS Planner to resolve issues with my plan and have consent to share information.

For my own privacy my NDIS number and personal information is not listed on this consent form, but I approve Mikarla Teague - Creative Arts Therapy to disclose only where appropriate for purposes of resolving, negotiating, or inquiring on my behalf.

CLIENT AGREEMENT

| | | | |
|------------------------|-------------------|--|-------|
| I | | have been informed of the above conditions and accept the terms of service for art therapy at Mikarla Teague – Creative Arts Therapy. I have read, understand, and agree with the above (including the cancellation policy). | |
| NAME: | (Please | Print) | |
| CLIENT | SIGNATURE: | | |
| PARENT | NAME: | | |
| PARENT/GUARDIAN | SIGNATURE: | | |
| DATE: | | | |

ART THERAPY INTAKE FORM

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

| | |
|--|--|
| LEGAL NAME: | |
| PREFERRED NAME: | |
| DATE OF BIRTH: | |
| ADDRESS: | |
| CONTACT NUMBER: | EMAIL: |
| PRONOUNS: (I.e.) She/ her/ He/ Him/ They/ Them etc.) <ul style="list-style-type: none"> • Other (Please state) | GENDER IDENTITY: <ul style="list-style-type: none"> • Male • Female • Non-binary • Genderfluid • Other (please state) |

NDIS PARTICIPANTS

| | |
|---|---|
| NDIS PARTICIPANT NUMBER: | |
| Have you provided a copy of the goals section of your current NDIS plan? (This will be beneficial in tailoring your art therapy sessions to align with NDIS specific goals) <ul style="list-style-type: none"> • Yes • No | |
| IS YOUR NDIS PLAN: <ul style="list-style-type: none"> • SELF-MANAGED - You manage your own funds and pay the arts therapist directly. • PLAN-MANAGED - A third party such as a community organisation manages your funds, and the arts therapist invoices them. | |
| CASE/ PLAN MANAGER NAME: | PLAN MANAGEMENT ORGANISATION NAME: |
| PHONE: | |
| EMAIL: | |
| EMAIL FOR INVOICES: | |

EMERGENCY CONTACT INFORMATION

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|-----------------------------|
| NAME: |
| RELATIONSHIP TO YOU: |
| CONTACT NUMBER: |
| EMAIL: |

SUPPORT DETAILS

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|---|
| <p>Are you/ your client currently receiving any other counselling or therapy services?</p> <ul style="list-style-type: none">• Yes• No <p>NAME:</p> <p>ORGANISATION NAME: <i>* Please sign informed consent section at the end of this form</i></p> |
| <p>Would you like your other health care provider(s) to be informed on your progress in Art Therapy to better coordinate your support and/or NDIS Goals?</p> <ul style="list-style-type: none">• Yes• No |

MEDICAL DETAILS

| |
|--|
| <p>How would you rate your current mental health?</p> <ul style="list-style-type: none">• Poor• Unsatisfactory• Satisfactory• Good• Very good |
| <p>Do you have any medical conditions (including mental health)?:</p> |
| <p>Are you currently taking any medication?</p> |

Do you have any allergies?

Did you fill out this form on behalf of someone else?

- **Yes**
- **No**

If yes, please include your name, contact details and relationship with the client.

NAME: (Please Print)

CONTACT NUMBER:

RELATIONSHIP TO CLIENT.....

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 does not mean that clinical information is shared without your permission, but we can contact them to tell them you are doing art therapy and later as needed – if needed.

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

Psychologist: At:.....

Other:.....At:.....

What would you like to accomplish during your time in art therapy? (Please list)
Please also provide your NDIS specific goals as stated within your funding plan

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