

EAGLES MEDIATION & COUNSELLING CENTRE LTD CLIENT'S CONSENT TO COUNSELLING SERVICE

COUNSELLING is a process designed to help clients address concerns, help them come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a professional relationship between clients and a trained counsellor who acts in accordance to the Code of Conduct of the Singapore Association of Counselling. To engage the counselling services of Eagles Mediation & Counselling Centre Ltd ("EMCC"), your consent on the following is required.

CONFIDENTIALITY*

I understand that all interactions and information exchanged with EMCC for and during counselling are kept confidential, with the following exceptions under which the confidentiality of the client-counsellor relationship is superseded:

- a) When there is evidence of clear and imminent danger of harm to self and/or others (e.g. instances of incest, rape, abuse of child, elderly or disabled), the counsellor is ethically and legally required to inform authorities responsible for ensuring safety;
- b) For discussion in clinical supervision as part of the counsellor's professional development in providing highest quality of services and care to me;
- c) When counselling information may be required by the Court, Ministry of Social & Family Development ("MSF") and the Police where they deem it necessary for any investigation, inquiry, trial or proceedings; and
- d) When I have authorised the release of information.

I understand that when there is evidence of clear and imminent danger of harm to self and/or others, my counsellor is required to inform the Liaison Officer (HR or school personnel) appointed by my company/organisation/institution.

ONLINE COUNSELLING

I understand that should I choose to have my counselling session online, technology may occasionally fail before or during my counselling session due to problems related to internet connectivity and/or third-party services. EMCC makes no guarantee that such services will be available to work as expected. If the counselling cannot be completed via video technology, I will await my counsellor's phone call to advise on how to proceed. EMCC will make every effort to complete the session fully.

The following payment methods are available for the online counselling option:

1. PayNow to EMCC (UEN 201904577Z)

2. Internet Banking

Account Name: Eagles Mediation & Counselling Centre Ltd

Bank Account No.: 0749036346

Bank Name: DBS Bank

3. Cheque payable to "Eagles Mediation & Counselling Centre Ltd"

I understand that I can discuss with my counsellor on the suitability of online counselling for me. If online counselling is unsuitable, I understand and agree that I may withdraw consent at any time regarding online counselling with EMCC. I agree to take full responsibility of the security of any communications on my own computer/device and in my own physical location. I understand I am solely responsible for maintaining the strict confidentiality of the "link" sent to me to access my counselling session. I also understand that I am responsible for using the technology in a secure and private location so that others cannot hear our conversation. I understand that I am not allowed to do any audio and video recordings, screenshots, etc. of any kind, for all sessions.

SESSION RECORDING

I am aware that all counsellors in EMCC work as a team and undergo clinical supervision to ensure quality services. I give consent to audio/videotaping of counselling sessions which may be used for direct observation by supervisors and co-workers as part of the supervisory procedure for professional and training purposes.

I understand that:

- a) I can withdraw my permission any time during or after the session(s). My access to counselling services will not be affected by my decision if I decline the session(s) to be recorded;
- b) The contents of the recording will remain confidential within the supervision or consultation sessions in EMCC. The recordings will not be released for my personal viewing and possession and any other purpose, including court hearings, unless subpoenaed by the Court and/or required by law; and
- c) The recording will be deleted when counselling service is terminated.

PERSONAL DATA PROTECTION

I declare that the personal information I have provided in the “Client Profile Form” is true to the best of my knowledge. I am aware that the information may be used for the following purposes:

- a) To provide counselling service to me which includes clinical supervision participated by my counsellor;
- b) To determine my eligibility for any fee subsidy (if applicable);
- c) For internal and external audit, research and evaluation; and
- d) To make referral to other agency with prior discussion with me.

I understand that EMCC is committed to maintain the confidentiality of the information provided by me and will not divulge to any third party without my prior consent. Also, I will not be identified in any way in research.

CANCELLATION/RESCHEDULING OF APPOINTMENTS

A late cancellation fee of 50% of my prevailing counselling fee will apply if I do not notify EMCC via phone (6788 8220) or email (services@emcc.org.sg), at least 2 working days before my appointment.

TERMINATION & FEEDBACK

I understand that at any time I can review the counselling progress with my counsellor and decide to terminate counselling if I no longer need it. In addition, I can give feedback about the counselling service and/or my counsellor via email to services@emcc.org.sg.

CLIENT’S CONSENT

I have read, understood and accepted all the terms of service stated above and all my questions have been satisfactorily answered.

Name & Signature of Client

Date

Name & Signature of Client’s Parent
(if client is below 21 years old)

Date

CLIENT PROFILE FORM

(All information will be treated in strict confidence)

(A) Client's Particulars

(To be completed by client)

Counselling Case No.: 20____/C____

Enquiry ID: _____

Surname:		Given Name(s):			
NRIC/FIN/Passport No.: (ONLY last 4 characters. Eg. SXXXX123A)					
Address:					
Postal Code:					
Contact: (mobile)			Email:		
Date of Birth:		Gender: M / F		Occupation:	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Year of Marriage (Current): <i>(As on marriage certificate)</i>		No. of Children and age <i>(Current marriage):</i>		No. of Children and age <i>(Previous marriage):</i>	
Citizenship:	<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Permanent Resident Citizenship:		<input type="checkbox"/> Others (please specify):	
Religion:	<input type="checkbox"/> Christianity <input type="checkbox"/> Catholicism <input type="checkbox"/> Buddhism	<input type="checkbox"/> Taoism <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism		<input type="checkbox"/> No Religion <input type="checkbox"/> Others (please specify):	
Race:	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay	<input type="checkbox"/> Indian <input type="checkbox"/> Eurasian		<input type="checkbox"/> Others (please specify):	
Housing Type:	<input type="checkbox"/> HDB (Standard/EM/EA)	<input type="checkbox"/> Private (EC/Condominium/Landed)			
Educational Level:	<input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary / PSLE	<input type="checkbox"/> Secondary / 'N' Level / 'O' Level <input type="checkbox"/> 'A' Level		<input type="checkbox"/> Tertiary (Degree / Poly / Post Grad)	
Individual Income:	<input type="checkbox"/> Nil <input type="checkbox"/> \$2000-2999	<input type="checkbox"/> < \$1000 <input type="checkbox"/> \$3000-3999	<input type="checkbox"/> \$1000-1499 <input type="checkbox"/> \$4000-4999	<input type="checkbox"/> \$1500-1999 <input type="checkbox"/> \$5000-9999	<input type="checkbox"/> >\$10,000

Particulars of Family Members (*staying in address above*)

Name		Year of birth	Relationship	Occupation	Remarks

In case of EMERGENCY, please notify:

Name: _____ Relationship to you: _____

Contact No.: _____ (Mobile) _____ (Office) _____ (Home)

(B) Fees agreed upon per session:

S\$180 (Individual) / \$200 (Family)

Weekdays

I declare that the information provided is true to the best of my knowledge. I understand that EMCC is committed to maintain the confidentiality of the above information provided and will not divulge to any third party without my prior consent. I have read and agree to the terms stated above.

Signature of client

Date:

Name & Signature of Client's Parent (if client is below 21 years old)

Date: