



Integrated Sexual Healthcare

Quality. Person-centric. Ethical

AGREEMENT FOR CLINICAL SEXOLOGY/PSYCHOSEXUAL THERAPY VIRTUAL OR TELEHEALTH SERVICE ONLY

Integrated Sexual Healthcare is a registered business based in NSW with an ABN 59315009630.

Objectives of Counselling are varied, it is important to discuss with your counsellor your hopes and expectations resulting from a counselling process.

Confidentiality All information is treated as confidential except when there is a mandatory duty to report the counsellor's reasonable opinion of client's self-harm or harm to others. In legal proceedings, a court of law has the power to issue an order (subpoena) to produce documentation. Counsellors may discuss some aspects of client's matter with their professional supervisor, but due care is taken to protect client's identity.

Benefits of Counselling cannot be guaranteed because it is an interactive process that relies heavily upon the client, their responses and openness, and the issues in question. Each person has different perceptions and expectations. Many people experience positive and constructive outcomes which vary according to the individual.

Risks can be associated with counselling because of dealing with issues and areas of people's lives that may expose them to a wide range of feelings, reactions and moods including physical signs and symptoms. Sometimes, these reactions can cause disruptions in their daily life and commitments and in extreme circumstances lead to the desire for self-harm and/or to harm to others. It is imperative that you talk to your counsellor about any personal situations that may be seriously affected by any such adverse reactions together with any previous feelings of self harm or harm to others.

To get the best out of the counselling process, the client is required to:

- **Attend** every scheduled session.
- **Share** your thoughts and feelings openly with the counsellor.
- **Complete** any homework tasks set by the counsellor.
- **Ask for clarification** about any of the counselling activities being undertaken.
- **Discuss** any doubts or concerns you have with the counsellor.

Qualifications and Expertise Dr Ramanathan is a qualified professional and registered member (Lvl 2) of the Australian Counselling Association (ACA) and an accredited clinical member of the Society for Australian Sexologists (SAS) and is subject to professional and ethical requirements of both the professional bodies. A summary of your Dr Ramanathan's qualifications and experience is available upon request, as is the code of conduct that ACA registered counsellors and SAS accredited members abide by.



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Methodology and Approach Dr Ramanathan always use recognised therapeutic approaches to counselling which are widely used by psychologists and other professional counsellors. However, if you have any questions or concerns, please raise these with your counsellor and only proceed if you are comfortable.

FEES (w.e.f 05 September 2026)

Type	Duration (min)	Virtual (Online)
Initial consult	60	\$180
Subsequent consult	45/60	\$130 / \$160

Payment of fees: Payable 24 hours prior to the scheduled session via Pay ID: 0450 404 585 [OR] BSB – 082-356 A/C 71-636-9284 (NAB). Name: Vijayasarithi RAMANATHAN

Important: NO Medicare or private health insurance rebates available. Private billing only.

Missed appointments/ late to sessions: If you need to reschedule an appointment, at least 24-hour notice is required. Less than 24-hour notice, 50% of usual fee and in-case of no-show, 100% of usual fee will be invoiced. Please be on-time for your appointment (online or F2F). Grace time of 10min (max) will be given. Attending your appointment past the grace time will reduce your booked time with the practitioner.

Referrals: Dr Ramanathan will not attempt to assist you in areas beyond his expertise but may refer you to another professional with the relevant skills & receives no financial benefit to do so.

Records are created, kept securely and remain the property of ISH. A copy will be available to you upon request for which a small fee is payable. Generally, ISH retains the records for 7 years but also reserves the right to responsibly dispose of records at any time, after the termination of the client relationship.

Privacy: Australian Government Privacy Legislation applies to information collected by ISH counsellor and any external tools/platforms used by the ISH for practice management purposes.

Complaints: Should be raised with the counsellor initially, thereafter you may be directed to the professional body (ACA/SAS) to which your counsellor is a member.

ACCEPTANCE AND CONSENT

I have read this Agreement carefully and I understand and accept the terms and conditions. I have considered the potential risks and impact that may arise from the counselling or therapeutic process, I choose to proceed with counselling and therapy.

If anything about my situation or circumstances changes in a way that will impact on the potential risks of the counselling or therapeutic process or its effectiveness, I will immediately inform Dr Ramanathan.

CONSENT FORM - CONFIDENTIALITY AND PRIVACY

I consent to the release of confidential information relating to me if the release of that information:

1. is pursuant to a statutory requirement, a Court Order or a legal duty;
2. is to another healthcare or allied healthcare professional as part of a referral process;
3. is for the purposes of discussing my clinical history with another healthcare or allied healthcare professional;
4. may, in the opinion of my counsellor, prevent the commission of a serious crime and/or harm to a third party and/or harm to me;
5. is reasonably required by both counselling and administrative staff within ISH practice, notwithstanding privacy legislation and my common law rights, in order for ISH counsellors to enforce their legal rights, and for the purposes of billing me as their client and recovering any debts due from counselling or other services rendered by them; and
6. for any other purposes described in ISH Privacy Policy (as amended from time to time).

I also consent to the collection, use, storage and disclosure of any information necessary for my counsellor (Dr Ramanathan) to effectively provide the counselling and therapeutic service in this Agreement and for any other purposes consistent within the terms and conditions set out herein.

PLEASE NOTE: By signing this you are entering a legally binding contract.

SIGNED by the client

Print name:

Date: ____/____/____

SIGNED by Dr Ramanathan

Print name:

Date: ____/____/____