



Professional Agreement/Informed Consent

Welcome to SEA Psychologist,

Please may you take your time to thoroughly read and complete this professional agreement and informed consent document. If you have furnished information in one section, you need not repeat the information in another section. Please may you initial the bottom of every page and sign and date the agreement on the last page.

Client Information

Please provide the details of both individuals if you are attending couples therapy. On the next page please may you indicate the individual responsible for the account.

Surname	
Initials	
Name	
Title	
Identity Number	
Date of birth	
Gender	
Occupation	
Marital Status	
Cell phone Number	
Home Number	
Work Number	
Email (1)	
Email (2)	
Home Address	
Postal Address	



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Person Responsible for Account

Please may you complete this section if the client details and the person responsible for the account details are different.

The practice can claim from your medical aid, with your consent. If the medical aid part pays or declines to pay for a claim, you, as the person responsible for the account are liable for the payment of the account. In the event of late cancellation or a session not attended you are liable for the payment.

Surname	
Initials	
Name	
Title	
Identity number	
Gender	
Cell phone Number	
Home Number	
Work Number	
Email	
Home Address	
Postal Address	

Medical Aid

The principle/main member has given you permission to utilize the medical aid to claim for these psychological sessions. The person who has initialled and signed this document is responsible for this account unless otherwise stated by the individual in writing. Please may you provide a copy of your identity document and a copy of your medical aid card.

Please indicate if you would like the practice to submit to medical aid on your behalf.

Y or N

Name of Med. Aid	
Plan of Med. Aid	
Med. Aid Number	
Dependant Code	
Name of main member	
Identity Number	
Cell phone Number	
Home Number	
Email	

Next of kin

Name and surname	
Relationship	
Address	
Cell phone Number	
Home Number	
Work Number	
Email	

Informed Consent for Psychological Evaluation and Treatment

Please read the following thoroughly, feel free to ask questions in the event you do not understand.

I _____ hereby give consent/permission that:

- a) I have the right to confidential treatment and confidentiality will be maintained and information regarding my communication(s) with the Psychologist.
- b) Treatment and management will be released only to qualified professionals that I have explicitly advised the Psychologist to release this information to. However, confidentiality can and will be broken in certain situations where maintaining confidentiality would result in clear and imminent danger to myself or others or as otherwise provided by law.
- c) I understand that confidentiality cannot be ensured with regards to Forensic and Medicolegal assessments\consultations\evaluations.
- d) I understand that if I choose to communicate with my Psychologist via email, that email is not completely confidential, due to hackers and system administrators. Your Psychologist will, however, do her best to ensure the confidentiality of your communication and her email is password protected.
- e) All documents emailed to you will be password protected, using your account number.
- f) Please allow 72 hours for your Psychologist to respond to your email. If you still have not heard from your Psychologist, please resend your email as it is possible that it was not received. If the matter is urgent then please contact your Psychologist telephonically
- g) My Psychologist is required, according to the Ethical Code of Conduct governing the Profession, (the HPCSA) to keep brief records for six years (that are maintained in a secure place) concerning our interactions\communications.
- h) These records also include interventions used during the sessions and topics discussed. You may request a copy of your file in writing, if this does not cause you harm, giving your Psychologist a reasonable amount of time to make the copy and at a reasonable cost (not claimable from medical aids), which will be discussed with you.
- i) My Psychologist has my permission to release my ICD-10 code (International Statistical Classification of Disease and Health problems code) to medical aids\third parties to receive payment and further treatment for myself. If I refuse for this information to be released, I then am liable for the payment of my sessions based on the practices cash rate.
- j) SEA Psychologist has an administrative staff member who will have access to your information, the staff member is bound by a confidentiality agreement.
- k) If I chose to attend therapy using Doxy.me, Zoom, or Phone call. I understand my psychologist will ensure confidentiality is upheld and will provide me with the best possible care. In the event of technical difficulties, I acknowledge that SEA Psychologist will not be held liable.
- l) I am responsible for ensuring I am in a confidential setting when using technological means for therapy.

- m) My Psychologist does not accept friend invitations from clients on personal social networking sites such as Facebook, Instagram etc. Please feel free to discuss this further with her in therapy.

Payment Terms

- a) The consultation fee is payable at the end of each session. Although your Psychologist does make every effort to claim from your medical aid, the account remains your responsibility until settled in full by your medical aid.
- b) When therapy is carried out using technological means, the consultation fee is payable before the session and proof of payment must be emailed to the practice.
- c) Payments made in foreign currency will be charged inclusively of the additional forex bank charge.
- d) Payments can be made in cash, via card or EFT except for sessions being claimed from the medical aid.
- e) If my Psychologist spends more than 30 minutes a week responding to phone calls or emails with regards to my care, treatment or management, I will be billed accordingly for this time,
- f) I furthermore understand that if my appointment is not cancelled 24 hours in advance, I will be held liable for the full consultation fee at the practice cash rate.
- g) The person who has initialled and signed this document is responsible for this account unless otherwise stated by the individual in writing.
- h) If the medical aid part pays or declines to pay for a claim, you, as the person responsible for the account are liable for the payment of the account.
- i) I understand that therapy is the agreed upon amount, as discussed with my Psychologist or administrative staff, which I remain responsible for, as well as all legal costs resulting from legal action\debt collection against me for not settling my account on a client-attorney scale.
- j) I also understand that if my account is more than 60 days overdue, I will be charged interest, at a fair rate, according to the relevant legislature.

In reference to line K) please be advised of the following as more and more of our operations are online. We would like to emulate our usual therapy space as much as possible. Therefore, please ensure the following.

1. Privacy

The online consults will involve me being in private enclosed room, where privacy is maintained on my end. However, on your side, I acknowledge that you might be in a house that is shared by other people. During our online session, please ensure that you are in a space that is private so that you feel safe in sharing what you need to share with me. These are some measures that you could take to ensure privacy:

- a) Make sure you are in a space where family members/others can't walk in and interrupt. Perhaps this means locking a door to the room you are in or informing everyone that they are not to disrupt you for an hour. Putting a notice on the door is also a good option. Some patients choose to have their session in a car/garden/bathroom to ensure they get the privacy they need.
- b) Making use of earphones will assist in getting a sense of privacy. Although your voice may be audible to others, at least the content of what I am saying will not be able to be heard. Many earphones that come with mobile phones have earphones and in-line microphones which are ideal so that you do not need to speak as loudly.
- c) In the event that you are unable to ensure privacy on your end I will stop the session from beginning and we will have to discuss a different way forward for privacy and confidentiality to be upheld.

2. Access to internet/power

Doxy.me or Zoom require an internet connection, so whether you are using mobile data or Wi-Fi, please ensure that you are connected and have sufficient data to sustain the session. It is preferable that there are as few disruptions in the session as possible. Furthermore, please ensure your device is plugged into a power source or is fully charged to sustain the full length of the session.

3. Access to supportive material

In trying to keep a sense of similarity to your normal in-person sessions, I recommend having the following things handy during our sessions:

- A box of tissues/toilet paper
- A glass of water (you are so welcome to sip on an alternate non-alcoholic beverage in the session if you would prefer)
- If you usually like to hold onto a scatter cushion during in-person sessions, try to have one available for the online sessions too
- If you would like to have a pen and paper handy to doodle on while we chat, please feel free to do so. Some patients feel that the prolonged eye contact can get overwhelming on Skype/Zoom and this might offer you some space (where you might normally look out the window at my practice).



I have read and fully understand the contents of this Professional Agreement/Informed Consent and understand that my Psychologist will answer any of my questions/concerns about the form and further discuss them with me before I am required to sign this agreement.

Signature: _____

Date: _____