



Counselling documentation

Welcome to my counselling practice. This document contains important information about my practice and your counselling process. Please feel free to ask any questions about this information at any time. Once you have signed this document it will be assumed that you agree to each point discussed below.

- **Informed consent**

- What counselling is: Counselling is a process in which we discuss your challenges, problem-solve together, and find understanding about your experience of your world. I do not prescribe medication and do not offer specialist interventions. I will work from evidence-based psychological perspectives, but there is no guarantee that I will be able to give you the results you want. If I feel the need to refer you to a reliable specialist, I will discuss this with you. You will be responsible to terminate the counselling process if you feel that you are not benefiting from it.

- I do not offer emergency services. In the case of a mental health emergency, that cannot wait for our agreed upon session time, you will need to access an emergency service, such as a hospital. I can provide details of such services if necessary.

- Out of session contact should be over email or text message. I can usually respond within a day during office hours.

- Our counselling process is not intended for assessment or psycho-legal purposes.

- **Confidentiality**

- All mental health practitioners are legally bound by confidentiality. This means that I cannot divulge or release any of your personal details insofar as your privacy is protected.

- There are certain limits to this confidentiality which are legally set to protect you and those around you. If I have to break confidentiality in your best interests or for those around you, I will always do my best to discuss it with you first. If I have to break confidentiality, I will only release relevant and necessary information, with due regard to your privacy and self-determination.

- Limits to confidentiality are:

- If I believe that you intend to harm yourself or someone else

- If you admit to the intention to commit a crime or admit to already having committed a crime

- If you witness the abuse of a vulnerable person (such as women, children, or the elderly)
- If I am subpoenaed by a court of law
- If I refer you to another practitioner, with your permission
- **Electronic privacy:** I generate invoices, case notes, and other records electronically. All invoices and records will be password-encrypted and stored on a password protected computer. I use a password-protected email account to send and receive records. I use reputable service providers to ensure the safety of your records to the best of my ability but cannot absolutely guarantee the safety of your records because of the risks associated with internet usage. If you are uncomfortable with the electronic storage and transmission of your records, please let me know so that we can negotiate alternative arrangements.
- **Medical aids** require mental health practitioners to submit ICD-10 diagnostic codes for claims to be processed. By signing this document, you give me permission to reflect an appropriate ICD-10 code on my invoice and receipt. You have the right to request a non-disclosure code on your receipt, at the risk that your medical aid may refuse reimbursement.
- I may use elements of your case for the purposes of training and professional development. Your identity and any identifying particulars will be completely protected.
- Mental health practitioners work within a structure of supervision by more experienced practitioners. I may consult with my supervisor or professional peers around your challenges to make sure that I am delivering the best service to you that I can. The supervisor and my peers are bound by the same confidentiality and set of ethics that I am.
- **Fees**
- My fees are based on medical rates and your payment is for 50 mins consultation plus 10 mins administration per session.
- I run a cash practice: This means that you pay me for your sessions. You will then be able to claim from your medical aid using the receipt I provide.
- I can accept an EFT or cash at the beginning of an in-person session.
- If no payment is received before the session, the session will not go ahead. This avoids the need for agreements around debt collection or penalties.
- **Cancellations:** Cancelled sessions will be forfeited unless you cancel the session with at least 24 hours-notice (or by noon on a Friday for a Monday session), or unless you re-schedule your session within the week of the original booked session. You will not be refunded for any sessions that are not suitably re-scheduled or cancelled without a 24-hour notice.
- Invoices and receipts will be sent to the address that I have on record and will be assumed to be received there. It is your responsibility to update the address at which you wish to receive invoices and receipts.
- Accounts will be assumed to be correct unless you notify me in writing of any incorrect billing within 7 days of the account being sent.
- By signing this document, you acknowledge that you are responsible for settling your account for yourself or any dependents you are paying for, and that you will submit any claims to medical aid for your reimbursement.
- **Indemnity**
- Neither I nor any of my employees can be held liable for any loss, theft, or damage to you or your property while you are in session online or on the premises of the counselling rooms.
- Any vehicles parked at the premises of the counselling rooms are done so at the owner's own risk and you enter the premises of the counselling rooms at your own risk.

· Neither I nor my practice can be held liable for any damages or losses because of any therapy administered, advice or recommendations given, or the interventions of specialists that I refer you to. If you sign this document, you will hold me and my practice harmless for any claims made against me.

· The counselling process may leave you feeling vulnerable. I will try to anticipate challenges to your decision-making or other functioning, but neither I nor my practice can be held responsible for any actions or events that occur after sessions or because of the counselling process.

· If the outcome of this counselling process is not what you expect it to be, you will have no legal recourse. You have the right to terminate the counselling process at any point if you feel that you are not benefiting from it.

· **COVID-19**

· I will practice safety and sanitisation at my counselling rooms to the best of my ability and in accordance with any laws and regulations applicable at the time.

· By signing this document, you agree that you will, as far as possible and in accordance with any applicable laws and regulations, mitigate risk of spreading or contracting COVID-19 when in physical contact with me.

· I cannot be held responsible for the contraction of COVID-19 from the premises of my counselling rooms. Online sessions are encouraged in response to any concerns around COVID-19.

No other person is authorised to alter, elaborate on, excuse etc. any of the terms and conditions stated in this document. Any changes by the counsellor will be made in writing.

PLEASE NOTE: It is a legal requirement that you sign this document in person. I will provide a copy of the document for your signature when have our first in-person session.

Let's talk about you...

Name *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email

example@example.com

ID Number

SA ID or passport number

Date of birth

YYYY/MM/DD

Age

Gender

Ethnicity

Occupation

Home language

Address

Street Address

Street Address Line 2

Suburb/town/city

Province/state

Postal Code

Medical Aid Details

Medical aid name

Main member's name

Medical aid number

Dependent code

Medical aid option

In case of emergency

Name

Relationship

Contact

Who were you referred by?

Name

Medical history

Anything I need to know about?

Current medication

Including herbal or traditional medicines

Main counselling concern

What seems to be the problem?
