



Phases

Counselling



Phases Counselling

064 531 4230



@phasescounselling



www.phasescounselling.co.za

Welcome to Phases Counselling!

1. Appointments that are not cancelled within 24 hours of the scheduled session will be charged at 50% of the full session amount.
2. It is the responsibility of the client to ensure he/she is attentive of the appointment date and time. If unsure about an appointment, please contact us for confirmation.
3. The validity of same-day cancellations will be assessed by the practice. It will be decided by the practice whether a same-day cancellation due to unforeseen circumstances should be charged for.
4. Sessions can be requested via email, but sessions will only be confirmed once proof of payment has been received. Sessions can be booked via the Phases Counselling website.
5. Office hours are Tuesdays to Fridays from 9AM-5PM. Sessions can be booked after hours or on Saturdays, Sundays, and public holidays although it should be noted that these will be charged at a higher fee (see website for more information).
6. A crisis intervention fee will be charged in case of emergencies and/or dealings taking place outside of normal practice hours.
7. With regards to counselling of a divorced client or minors, the person signing this agreement will remain liable for payment. This remains true even where the previous spouse or parent is liable for medical expenses payments.
8. The undersigned confirms that he/she informed the other parent of the minors' consultation and received written consent.
9. The disclosure of personal particulars is done so voluntarily by the client, and these will form part of the permanent confidential file, which will remain the property of Phases Counselling.
10. Please note that, under no circumstances, will we participate or become involved in any legal proceedings whatsoever. We are also not available for medico-legal report writing.

11. Neither the counsellor, nor any employees/agents, will be liable for loss or damage because of any negligence whatsoever, either because of any administered treatment, advice given or from any form of medication/treatment prescribed/recommended to me/any of my dependents. I hereby indemnify the counsellor against any such claims as may arise from here.
12. I, the undersigned, understand that my case might be confidentially discussed with a senior counsellor/psychologist for supervisory or academic purposes. Confidentiality regarding my name or identity will be upheld.
13. I understand that, as a client, all information I choose to share about myself will be treated with respect and confidentiality. Except when legally required to do so, no information will be released to any other person outside of Phases Counselling without my written permission. Legal exceptions include:
 - a. When a client is a clear and imminent danger to himself or others;
 - b. If there is a reasonable expectation that the client or someone the client knows will engage in dangerous conduct.
 - c. If there is a reasonable suspicion that a child or elder is currently being, or has been, abused.
14. I, the undersigned, take note and understand that I am about to consult with a Specialist Wellness Counsellor registered with the ASCHP.
15. The Children's Act states that consent is required from both parents, with regards to intervention or assessment of their child, as both parents have equal parental responsibilities and rights. Assessments and/or therapy involving a minor child (under 18) cannot take place if both parents have not signed this form.
16. The minor's communication(s) with the counsellor remains confidential, only to be shared if both parents/guardians have explicitly advised the counsellor in writing to do so.
17. The counsellor does not provide any formal reports, psycho-legal assessments, evaluative statements, or psychological assessment reports. Doing this is not within the scope of the Specialist Wellness Counsellor, as determined by the ASCHP.

I, the undersigned, personally accept responsibility to abide by the above-mentioned conditions and by signing this document, I am acknowledging that I understand what I have read.

(1)

Name and Surname

Signature

Date

(2)

Name and Surname

Signature

Date
