



064 618 3984

@gracefulmindscounselling

gracefulmindsc@gmail.com

www.gracefulmindscounselling.co.za

Welcome to Graceful Minds Counselling (Pty) Ltd

Where Healing Begins

Consent to Counselling & Intake Form

(In accordance with ASCHP standards)

Client Information

Full Name: _____

Title: _____

Age: _____

Contact Number: _____

Email: _____

ID/Passport Number: _____

Residential Address: _____

Next of Kin Name: _____

Next of Kin Contact Number: _____

Consent to Counselling

I, the client, hereby consent to the commencement of short-term, supportive counselling with Graceful Minds Counselling and Claudia Hubbard, whom I understand to be an ASCHP Designated Specialist Wellness Counsellor.

I confirm that the personal details provided above are factual and correct. I understand that it is my responsibility to inform my counsellor of any changes to the above details. I disclose my personal particulars voluntarily during the counselling process, which may be recorded in session notes subject to confidentiality regulations. Session notes remain the property of the counsellor and are not for formal assessment or report writing.

1. Appointments not cancelled hours in advance will be charged for at the applicable hourly rate.
2. Sessions will only be confirmed once proof of payment has been received (24 – 48 hours in advance)
3. Fees are higher for after-hour sessions and on weekends/public holidays.
4. The client remains personally responsible to ensure that they are attentive of all appointment dates and times. If uncertain about appointments, please contact me to confirm.
5. Graceful Minds Counselling reserves the right to determine whether an appointment cancelled on the same day, due to unforeseen circumstances, should be charged for. Reasons for same day cancellations will only be considered if defined valid by this practice. Personal particulars are voluntarily disclosed by the client and will form part of the permanent confidential file, which will remain the property of this practice.
6. Please note that we will not, under any circumstances, participate or be involved in any legal proceedings whatsoever. We are also not available for medico-legal report writing.
7. 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.
8. I, understand that, as a client, all information I share about myself will be kept confidential. Only with my written permission will information be released to anyone outside of Graceful Minds Counselling, except as required by law. Legal exceptions include:
 - A) When a client is a clear 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 abused or has been abused.

9. I, the undersigned take note and understand that I am about to consult with a Designated Specialist Wellness Counsellor (SWC 24|13075).
10. I understand I have the right to terminate counselling at any time without justification. I understand confidentiality may be breached in cases of risk of harm to self/others, child or elder abuse, or genuine threats. Information may be shared in emergencies with the greatest consideration for client wellbeing.
11. The Children's Act states that both parents need to give consent for any intervention or assessment of their child, as both parents have equal parental responsibilities and rights. Assessments and/or therapy involving a minor child can therefore not take place if both parents have not signed this form.
12. The minor's communication with the counsellor remains confidential, only to be shared if both parents/guardians have explicitly advised the counsellor in writing to do so.
13. The counsellor does not provide formal reports, psycho-legal assessments, evaluative statements or psychological assessment reports as it is not within the professional scope of the Specialist Wellness Counsellor, as determined by the ASCHP.
14. I have read, understood, and agreed to all terms and conditions provided above. I understand I may ask questions about these terms at any time via WhatsApp, email, or during sessions.

Client Declaration

I, _____, confirm that I have read, understood, and agree to all the above statements and the 'Terms and Conditions' document.

Signature: _____

Date: _____