# Kuthetha Nathi / Talk to Us



1. **CLIENT INFORMATION**

**Personal Details**

|  |  |
| --- | --- |
| Full Name | Date of Birth |
| ID Number | Gender |
| Nationality | Occupation |
| Address | Cell Phone |
| Contact Name | Contact Cell |
| Relationship to Contact |  |
| Referred by: |  |

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# INFORMED CONSENT & CONFIDENTIALITY AGREEMENT

## Exploration Phase

To provide effective counselling, I will conduct an initial assessment that may include questions about your symptoms, personal history, relationships, and lifestyle. Some of these may be personal. In some cases, I may request permission to interview people who know you. After this assessment, we will discuss a future treatment plan. This process generally takes about two sessions but may be longer if needed.

## Counselling Process

Counselling aims to facilitate change, insight, and personal growth. It may bring long-term benefits but can also be an emotional and sometimes unsettling experience. Various therapeutic modalities may be used, including behavioural, psychodynamic, systemic, and/or other evidence-based approaches. As counselling proceeds, changes may affect relationships with others, sometimes leading to interpersonal tension. The success of counselling depends on many factors, including your active participation and responsibility in implementing changes.

## Contact Outside Counselling

For queries, please contact the **Kuthetha Nathi reception (021 286 9310)**. Your query will be answered as soon as possible. In emergencies, please call the **South African Depression and Anxiety Group (SADAG) by calling toll-free 0800 567 567**, or send an **SMS to 31393** for a callback.

## Confidentiality

All information shared during counselling is confidential except in the following circumstances:

* 1. **Risk of harm** – If there is a real risk that you may harm yourself, others, or animals, I am required to take appropriate steps to prevent harm, which may include breaching confidentiality.
  2. **Legal requirements** – If required by law, such as a court order or statutory obligation, I must disclose information.
  3. **Supervision** – Depending on the therapist, I am either registered with the HPCSA myself or receive supervision from an HPCSA registered practitioner. As such, sessions may be audio-recorded and reviewed confidentially in supervision.
  4. **Administrative processes** – Personal information may be accessed by the practice manager for scheduling, billing, or operational purposes in compliance with the **POPI Act 4 of 2013**.
  5. **Minors** – For clients under 14 years of age, general updates may be shared with parents or guardians, but specific session content remains confidential unless safety concerns arise.

## Record-Keeping

Session notes and client records will be securely stored for **six years**, as per professional guidelines. Thereafter, they may be destroyed. I consent to my information being stored in password-encrypted digital files. Appointments may be recorded on a password-protected electronic calendar.

## Session Duration & Costs

Sessions typically last **51 minutes**. Either party may terminate counselling at any stage. The maximum session limit is **12 sessions**, unless formally agreed otherwise. Fees are outlined in the financial contract. Missed appointments may be charged as per the **Consumer Protection Act, No. 68 of 2008**. Unpaid balances beyond **30 days** may be referred to a debt collector.

## Acknowledgment

I acknowledge that I have read and understood the confidentiality policy and counselling terms.

Client Signature: 

Date: 

Counsellor Signature: 

Date: 

