

THERAPEUTIC CONTRACT INFORMATION & INFORMED CONSENT

Please note that you indicate your acceptance of this contract on your Intake Form.

Welcome to my practice. This document contains important information about my professional services and business policies. Should you have any questions, we can discuss them at our first meeting. Signing the informed consent indicates that you understand and agree to these terms for therapy.

COURSE OF THERAPY

Sometimes therapy takes the form of a brief intervention – especially when trauma or a specific life difficulty is the reason for seeking therapy. In this case, some of the information under this sub-heading may not be relevant. Other times, therapy involves a slightly longer process when the aim is to better understand our own individual internal dynamics and achieve greater insight into the unconscious/subconscious reasons behind your patterns of thoughts, feelings and behaviours. In this second instance, our first few sessions will involve a process of me getting a sense of who you are and the nature and scope of your needs. After this, I will be able to offer you an idea of what our work will include and a treatment plan to follow. You should evaluate this information along with your own opinion of whether you feel comfortable working with me – it is important that you should be comfortable with the therapist you choose to work with. If you have questions or concerns about my approach or procedures, please feel free to discuss them openly whenever they arise.

CLIENT INVOLVEMENT

Clients voluntarily agree to treatment, and accordingly may terminate at any time without penalty. I ask clients to attend appointments on time and be prepared to focus on and discuss therapy goals and issues. Please do not come to therapy sessions under the influence of mind/mood-altering drugs (except for prescriptions). I see our work together to be about learning to be with reality as it is. I would ask from you a commitment to honest, active and collaborative involvement in the therapy process.

THERAPIST INVOLVEMENT

I will be ready and prepared at the designated time of our appointments, (barring emergencies), and will be fully attentive and supportive in assisting you meet your therapy goals, achieve a greater sense of self-awareness and resolve problem areas. I will provide a safe, secure, professional, confidential and (as far as possible) distraction-free therapy space.

ENDING

Ideally, therapy ends by mutual agreement between client and therapist once the therapy goals have been met. During the course of therapy, either the client or the therapist may end therapy at any time. If I feel that you are no longer benefiting from therapy, or if I feel there is a good reason to end therapy, such as a conflict of values/interests or disrespect of professional boundaries, I may discuss ending therapy. In this case, I would provide you with appropriate referrals.

PURPOSE OF COLLECTING AND RETAINING INFORMATION

Therapy addresses issues of a highly personal nature and it is important for the success of treatment that you have confidence in my ability to manage your records responsibly. Sometimes I may take notes while we talk – this helps my work with you. You are assured that all personal information gathered by me during the provision of the psychological services will remain confidential and secure.

CONFIDENTIALITY

With the specific exceptions described below, you have the absolute right to confidentiality of your information. These exceptions occur when:

- The information you have given to me is subpoenaed (officially requested) by a court of law.
- I am legally obligated to protect others from harm. For example, if I believe that a child, elderly person, or disabled person is being abused, I am required to file a report with the appropriate agency.
- If I believe that a client is a threat to themselves or others, I am required to take protective action. This action may include contacting family members, notifying the potential victim, contacting the police, or seeking hospitalization for the client.

These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking action. Should a third party be responsible for any interventions offered by this practice, reasonable feedback will be given to such party at intervals with your consent.

EXCHANGE OF CLIENT INFORMATION

There may be times where, as part of the assessment and therapy process, it may be helpful for me to liaise with other people or agencies that are relevant to your therapy goals (e.g., your GP, specialist, parent etc). This will only be done with your consent. In addition, in order to offer a professional service, I may discuss individual cases with a senior colleague/ supervisor. All identifying details are removed and information is treated as confidential.

MINORS

If you are under 18 years of age, I will provide guardians only with general information about our work together, unless I believe there is a risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment if requested. Before giving them this information, I will discuss the matter with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. I will require that both your parents/or guardians co-sign this consent form to ensure that they understand my procedures in this regard. I also maintain that communications with a parent or guardian outside of confidential sessions are not confidential, as parents are not my clients. Therefore, any communications such as telephone conversations, emails or sms's are not bound by confidentiality and I shall inform the minor client of these communications unless it is not in their best interests to do so.

INFORMED CONSENT WITH REGARD TO THE ICD-10 CODES AND MEDICAL AID PAYMENTS

Please note that if you intend to claim rebates from Medical Aid, then I must provide a diagnostic code (ICD-10 code) to your medical aid. This ICD-10 code will appear on the invoice submitted to the medical aid.

FEES

I am not contracted into Medical Aid, and run a strictly cash/EFT service. My professional rate is R950 per hour.

- Payment can be made in cash, by credit or debit card, or (by arrangement) via electronic transfer (eft) within two days of receiving the invoice via email.
- Account details as follows: PIVOT Psychology, FNB, MyBranch, Account #: 62667784815. Please send proof of payment through to me.

Please note: Medical Aids issue new rates for psychologists every January. My rates will automatically increase in accordance with the prescribed tariff at the beginning of each year.



TIME-KEEPING POLICY

As I work on an appointment basis, I will not be able to exceed the time set aside for a session (without prior arrangement). Should you be late for a session, the session will have to be shorter than the full time in order to accommodate the late start. The person responsible for the payment of the account will be liable to pay for the full session.

I run on a 50 minute session, with the last few minutes used for scheduling our next session and processing payment.

SOCIAL MEDIA

In order to protect your confidentiality and as an ethical guideline, I refrain from connecting with current or former clients on social networking sites such as Facebook, LinkedIn, Twitter, etc. At times I may use WhatsApp for scheduling purposes only.

CONTACT BETWEEN SESSIONS

Contact between sessions is restricted to quick, administrative issues such as changing appointment times, invoice and payment information or communicating the details for a referral. This can be done over the phone or via email. Please do not email me regarding content related to your therapy sessions – email is not completely secure or confidential. Should you wish to share articles, thoughts or other content that is relevant to your therapy with me, please bring this to your session.

PARKING AND ARRIVAL TIMES

There is parking available in the Bagdad Centre. Please do not leave valuables in clear sight in your car. My office is Morocco 5 (M5) in the upper inner courtyard. Should you arrive early for your appointment, please wait in the area until your appointment time. If my door is closed, I am in session. If my door is ajar, I am ready for our session.

CANCELLATION POLICY

Should you not be able to keep an appointment, could you please cancel timeously. If you fail to do so less than 24hrs in advance (unless it is an extreme emergency) the person responsible for the account will be liable for the full cost of the session as a cancellation fee. This amount will be settled by yourself, as you will be unable to claim this back from your medical aid.

EMERGENCIES

The use of my cellular phone is advised in cases of extreme emergency. Messages will be retrieved at regular intervals – expect some delay [min 3 hours], due to consulting time restraints and life commitments. Please always leave all your contact details when leaving a message. Should you email me, please do not assume receipt. Should I not have responded within 24 hours, please contact me directly.

LEGAL ISSUES

Your acknowledgement of reading and accepting these terms should be noted on the Intake Form. This indicates that you agree to abide by the terms during our professional relationship. As such you also agree to pay all costs on the Attorney and client scale in the event of it becoming necessary to institute legal proceedings against you, due to the failure to abide by the terms of this agreement. You also agree to undertake to pay all and any collection commissions and all value-added tax, should it become necessary to institute action against you for said non-payment.

Thank you for taking the time to read through this document. If you have any questions at all, please do not hesitate to discuss them with me in our initial session, or at any time in the future.

Kind regards
Kathy

