

## Practice Details, Policies and Contract

### Consultations

1. We will have an initial consultation in which I will assess the issues that you have come to deal with and discuss the options open to you if we decide to work together. We will then find a suitable time for appointments and decide on the frequency of our sessions as well as the manner of payment. We will decide together on the number of sessions we will have and how we will terminate our relationship at the end of the process.
2. Consultations are for 51 minutes; if terminated by you prior to this time, the full charge is nevertheless payable.
3. Consultations will be conducted via one the following means, in agreement with you:
  - 3.1 In-person at:
    - My consulting room
    - Other locations by agreement (subject to additional costs)
  - 3.2 Online via:
    - Skype - voice or video (not text)
    - WhatsApp - voice or video (not text)
    - Zoom – Voice or Video (not text)
    - Telephone

### For consultations at my practice, the following applies

4. There is no waiting room in this practice. Kindly therefore arrive only at the time of your appointment.
5. If you are early, please wait in your car until the time of your appointment.
6. At the time of your appointment, please ring the gate bell, or give me a call on my mobile phone to let me know that you have arrived. (Please note: Message notifications are turned off). Please do not hoot.
7. The practice does not accept liability for any injury or damage to person or property for whatever reason before, during or after consultation whilst on the premises.

### For online and telephonic consultations, the following applies

8. This service is not suitable for suicide emergencies.
9. To get maximum benefit from the consultation please ensure you are seated in a safe, private space where you will not be disturbed. Please turn off all apps and notifications on your devices.
10. Neither party may make a digital recording of the consultation.
11. In the case of technical problems:
  - 11.1 If **you** experience a technical problem and cannot connect with me using our agreed upon method, at our agreed time, please contact me so we can make alternative arrangements.
  - 11.2 If you fail to show online and don't make contact to let me know what's happening, you will be charged for the consultation.
  - 11.3 If **I** cannot get online and connect with you using our agreed upon method, at our agreed time, I will contact you to make alternative arrangements.
  - 11.4 If we lose connection **during** the consultation, I will attempt to make contact with you via another method. If I am unable to do this, I will be in touch to arrange how the lost time will be made up.

**Initials:** .....

## Rates

12. The rate per session, as at the date of your consultation, is as follows:

In-person in my consulting room		R1 270.00
In-person on-site and hospital consultations		R1 270.00 + 50% (R1 905.00)
Online / telephonic	South Africa	R1 270.00
	Britain	£100.00
	Europe	€130.00
	USA / rest of the world	\$100.00
Compiling motivation letters and reports (per hour)		R1 270.00
Group rate – 3 or more in person / online / telephonic		Applicable rate as above + 50%

13. You will be billed at the rate for the country where you are residing.

14. Travel expenses will be charged at the current AA rates.

15. PayPal transaction fees (where applicable) are for your account.

16. My rate is subject to change without notice.

## Cancellations

17. Appointments not kept, or cancelled with less than 24 hours' notice, will be charged at the full rate, payable immediately. My response confirms your cancellation.

## Payment

18. All consultations are to be paid either:

18.1 For in-person consultations - via EFT **prior to** the session, or via cash **immediately upon conclusion** of the consultation (while still in the consulting room).

18.2 For online or telephonic consultations – via EFT or agreed online method **prior to** the session.

19. Your name is to be used as your reference.

20. No cash deposits into my bank account please. (You will be charged for cash deposits).

21. This practice does not fund clients, no credit is extended.

22. An invoice will be sent for your records. You may receive this only after the consultation.

23. In the case of default with non-payment, incidental interest of 2% per month will be charged and I reserve the right to do a credit check on you.

## Communication

24. The only time we will communicate between sessions, except in an emergency, is in order to make, change or cancel appointments. This can be done via SMS, email or WhatsApp messages.

25. My response confirms our arrangement.

## Claiming from medical aids

26. You must deal directly with your medical aid by submitting your invoice and proof of payment in order to claim a benefit that they offer (not all medical aid schemes pay psychologists fees in full).

## Confidentiality

27. All personal information shared during psychological consultations is strictly confidential and in accordance with the ethics of the Health Professions Council of South Africa, except in the event that:

27.1 You have signed a release of information.

27.2 You are considered to be at risk of harming yourself or others.

27.3 You reveal the abuse of a child.

27.4 Such information being subpoenaed by a court of law.

Initials: .....

28. Your case may be discussed with a supervising psychologist, but all personal particulars will be withheld (i.e. you will remain anonymous).
29. For administrative purposes, your name and contact details may be shared with employees and agents of my practice.

### Legal recourse

30. I am registered with the Health Professions Council of South Africa (HPCSA) as a Counselling Psychologist (Registration No: PS 0067180, Practice number: 0003611) and my professional behaviour is governed by this regulatory body. You can verify my HPCSA registration [here](#).
31. Any dispute shall be exclusively subject to the jurisdiction of the courts and/or tribunals of the Republic of South Africa.

### Contact details

Full name: .....

Date of birth: ..... Age: .....

Identity number: .....  
*i.e. ID Number, National Insurance Number, Social Security Number etc.*

Home address: .....  
 .....

Postal address: .....  
 ..... Post / Zip Code: .....

Home number: ..... Work number: .....

Mobile number: .....

E-mail address: .....

Skype ID: .....

Occupation: .....

#### Medical Aid:

Name of Medical Aid: .....

Number: .....

Name of main member: .....

How did you find me: .....

#### Person to contact in the event of an emergency:

Name & relationship to you: .....

Telephone numbers: .....

#### Person/Organisation responsible for the account (if not the client):

Name: .....

Telephone numbers: .....

Initials: .....

Address: .....  
.....

**Declaration by client**

*This section to be completed by the person undergoing therapy.*

I, .....(full name),

- 1. Have understood the practice details, policies and contract above and accept all the conditions thereof.
- 2. I agree that this contract constitutes a binding agreement between us.
- 3. I agree to pay all legal costs in the event of legal proceedings due to my not keeping this agreement.
- 4. If I am named as the person responsible for the account above:
  - 4.1 I agree to settle my account directly.
  - 4.2 I agree to pay all legal costs in the event of legal proceedings due to my not settling my account according to the conditions above.

Client Signature: ..... Date: .....

**Declaration by person/organisation responsible for the account**

*This section to be completed only if the client is not responsible for the account.*

I, .....(full name),

in my capacity as .....

and duly authorised hereto to represent the Employer (if applicable):

- 1. Have understood the practice details, policies and contract above and accept all the conditions thereof.
- 2. I agree that this contract constitutes a binding agreement between us.
- 3. I agree to settle the account directly.
- 4. I agree to pay all legal costs in the event of legal proceedings due to my not settling the account according to the conditions above.

Signature: ..... Date: .....

Psychologist / Coach Signature: 