

# Ushmita Nana

## COUNSELLING PSYCHOLOGIST

*MA Couns Psych (UJ), BSc Hons (UNISA), BSc (UNISA)*

Practice Areas: Lenasia and Roodepoort  
Phone Number: 071 685 4902  
Email: [ushmitanana@gmail.com](mailto:ushmitanana@gmail.com)

HPCSA: PS 0134007  
BHF : 0860020664537

### INFORMED CONSENT

#### PARENTAL AGREEMENT TO INTERVENTION FOR A MINOR

##### Client's (Minor) Personal Details:

Surname: .....

Full Names: .....

Date of Birth: .....

ID/Passport Number (Foreign Nationals) .....

Gender: ..... Age: .....

Home Address: .....

Person to Contact in an Emergency: ..... Contact Number: .....

Referring Person: ..... Contact Number: .....

##### Parent(s)/Legal Guardian(s) Personal Details:

###### Parent/Legal Guardian (1)

Surname: .....

Full Name: .....

Title: ..... ID Number: .....

Relationship to Client: .....

Telephone Number Home: .....

Telephone Number Work:.....

Cellphone Number: .....

Email Address: .....

Responsible for Payment of Account? Y/N

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### Parent/Legal Guardian (2)

Surname: .....

Full Name: .....

Title: ..... ID Number: .....

Relationship to Client: .....

Telephone Number Home: .....

Telephone Number Work:.....

Cellphone Number: .....

Email Address: .....

Responsible for Payment of Account? Y/N

### Are the parents:

Married       Divorced       Single       Separated

### Who has legal custody of the minor?

Mother       Father       Joint       Legal Guardian

### Medical Aid Details:

Medical Aid: .....

Main Member Name: .....

Member Number: .....

Plan Type: .....

Funds Confirmed? Y/N

### MEDICAL AID AND FEE PAYMENT

1. The law on medical aids forces medical professionals to provide certain information to the medical aid. When the client submits his or her account to the medical aid, the account includes personal information, such as health status, and the codes (numbers) that indicate the specific therapy the client has received and the ICD-10 codes on the client's diagnoses.

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2. Consultation fees are in accordance with the fees recommended by the National Health Reference Price List as published by the Department of Health and are in line with most medical aid rates. Consultation fees are subject to annual increase.
3. Medical aids sometimes pay less than the therapy fee. Sometimes they do not pay at all. **Note that the client will still have to pay the full account, even if the scheme does not pay in full.**
4. First time cash agreement accounts must be paid at the time of booking the appointment. The fee can be paid via EFT or cash. Should fees remain unpaid, the therapist retains the right to terminate services as this prohibits the therapist from earning an income. However, in such circumstances the therapist will offer the client referrals to other sources of care.
5. **A notice period of 24 hours is required for cancellation and rescheduling of appointments, otherwise the full session fee will be charged as the timeslot could have been allocated to another client. The session charge is also applicable to "no show" appointments.**
6. The client is responsible for attending their session on time and at the timeslot which had been mutually agreed. The session duration is 50 minutes. If the client is late, the session will still end at the scheduled end time. The therapist will only wait 15 minutes after commencement time of the session if the client is running late. Since such actions might cause inconvenience to other clients waiting for a session, these sessions will be charged in full and the client is liable for the account.
7. Assessments are billed in advance; specific arrangements will be communicated when assessments are booked.

**Please see banking details below:**

Bank: Absa Bank

Branch Code: 632005

Account Name: Ushmita Nana

Account Number: 4090752110

Reference: Client's last name and date of appointment

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### THE PROCESS OF THERAPY

Therapy can help a person to gain new understandings about his/her problems and to learn new ways of coping with and solving those problems. Therapy can help a person to develop new skills and to change behavior patterns. It can also facilitate the mobilization of existing resilience and resources. I/we understand that it is important that I/we mention any concerns or questions that I/we may have at any time during the process of therapy to the therapist. Please note that the parent(s)/guardian(s) will be requested to attend an intake session before therapy commences with the minor. This session is necessary in order to obtain background information which is useful in the therapeutic process. As such, the intake session is billed at the rate of a therapy session.

### INFORMED CONSENT

In knowledge and appreciation of the benefits and risks as made known to me/us by the therapist and as reflected in this form, I/we hereby give consent that the minor

....., willingly participates in therapy for the sake of addressing .....

### CONFIDENTIALITY AND THE LIMITS TO CONFIDENTIALITY

I/we have been advised by the therapist that all communications with me/us or with my/our child and all records relating to the provision of psychological services to me/us are confidential and may not be disclosed without written informed consent. I/we have also been advised by the therapist that the law places certain limits on the confidential nature of the psychological services provided to me/us. I/we have been advised that typically these limits on confidentiality may arise if the therapist perceives that there is a risk of harm in situations such as the following:

- If a minor presents an imminent danger to him/herself or others, the law requires that steps be taken to prevent such harm.
- If a minor is in need of protection, a report must be filed with the appropriate agency or authority.
- If a court orders the disclosure of records.

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- Guidelines of confidentiality and limits on confidentiality do not apply to psycho-legal work, as reports are requested by courts and law practitioners.

### ACKNOWLEDGEMENT OF CONSENT

I/we ..... the undersigned, acknowledge that I/we have had the opportunity to carefully read this document and to ask, and have answered, any questions or concerns I/we have about it or arising from it. I/we further acknowledge that I/we have read and understood the information contained in this documentation, that it records my/our informed consent.

\_\_\_\_\_  
**FULL NAME AND SURNAME OF PARENT/LEGAL GUARDIAN (1)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**FULL NAME AND SURNAME OF PARENT/LEGAL GUARDIAN (2)**

\_\_\_\_\_  
**SIGNATURE**