

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

HPCSA: PS 0134007
BHF : 0860020664537

INFORMED CONSENT

NATURE OF PSYCHOLOGICAL INTERVENTION:

- | | |
|---|---|
| <input type="checkbox"/> Couples Therapy | <input type="checkbox"/> Individual Therapy |
| <input type="checkbox"/> Psychoeducational Assessment | <input type="checkbox"/> Career Assessment |

PSYCHOLOGICAL HISTORY:

1. Have you seen a Professional prior to this appointment? Y/N
2. Do you have any reports to submit to the Professional from other Health Care Practitioners? Y/N

BENEFITS 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 understand that it is important that I mention any concerns or questions that I may have at any time during the process of therapy to the therapist.

PSYCHOLOGICAL ASSESSMENT

Through the use of a variety of standardized psychological assessment procedures the therapist will attempt to answer the questions relating to this assessment. These questions generally concern learning disabilities, academic functioning, emotional and personality functioning or coping styles. Career assessments provide a personalized understanding of the diverse factors that may impact on the client's fit with prospective career options. The assessment results are integrated to provide recommendations which are best suited to the individual client. The assessment process includes the following:

- An in-depth intake session to obtain background information

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- Psychometric testing
- A written report
- A feedback session to discuss the findings and recommendations

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.
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.

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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

INFORMED CONSENT

In knowledge and appreciation of the benefits and risks as made known to me by the therapist and as reflected on this form, I

hereby give consent to willingly participate in therapy/assessment for the sake of addressing the following:

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.....
.....

CONFIDENTIALITY AND LIMITS ON CONFIDENTIALITY

I have been advised by the therapist that all communications with me and all records relating to the provision of psychological services to me are confidential and may not be disclosed without written informed consent.

I have also been advised by the therapist that the law places certain limits on the confidential nature of the psychological services provided to me. I 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:

1. I am in imminent danger to myself, or present a danger to others or report that my life is threatened by someone, the law requires that steps be taken to prevent such harm.
2. If a court orders the disclosure of records.
3. Guidelines of confidentiality and limits on confidentiality do not apply to psycho-legal work as reports are requested by courts and law practitioners.

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ACKNOWLEDGEMENT AND CONSENT

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

FULL NAME(S) AND SURNAME

SIGNATURE

DATE