

**Client Information & Consent Form**

Client Name & Surname \_\_\_\_\_ ID Number \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

Alternative Contact Person \_\_\_\_\_ Contact Number \_\_\_\_\_

Home Address \_\_\_\_\_

Ethnicity: Coloured  Indian  White  African  Other \_\_\_\_\_? Preferred form of communication: Cell / Email

Preferred Language \_\_\_\_\_ Medical Aid?  Yes  No \_\_\_\_\_

Employer \_\_\_\_\_ Branch \_\_\_\_\_

Employee Number: \_\_\_\_\_ Relation to the company: Employee  Spouse  Direct Family Member

Has this service been used before? Yes  No ? If Yes When? \_\_\_\_\_ Why? \_\_\_\_\_

Self-Referral  Informal Referral  Formal Referral  – By whom? \_\_\_\_\_

Has formal feedback been requested? \_\_\_\_\_ if yes, attach a copy of the EPP Company Formal Referral Form

**Informed Consent & Confidentiality**

I, \_\_\_\_\_, (Full Name) give my informed consent to be psychologically assessed/ attend psychotherapy by a psychologist/ registered counsellor. The process has been explained to me and I understand that all information will be treated as confidential. However in certain exceptional circumstances, legal or professional rules may force the therapist to disclose information about the client. This will include:

- Emergency situations - Should a situation develop where the therapist believes that there is a real risk that the client may harm themselves, another person or poses a risk to the organisation, the therapist will be compelled to take the necessary steps to prevent such harm, even if this may entail breaching the confidentiality agreement.
- Statutory duty - A provision in a legal act may oblige the therapist to disclose confidential information about the client.
- Court orders - A court may order the therapist to disclose private information. In terms of the therapists professional rules however, the therapist must endeavour to do everything possible to prevent the disclosure of the clients' private information.

I understand that all my rights as a client are protected in terms of the regulations set by the Health Professions Council of South Africa.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**If referred by my place of employment,** I give permission for verbal and/ or written feedback/ reports to be given to this source and I understand that feedback given will be discussed with me beforehand. I have read and understand the above mentioned policy and am willing to undergo the assessment/ psychotherapy under these conditions. I have also read, completed and signed the Formal Referral Form with my manager.

Signed \_\_\_\_\_

Date \_\_\_\_\_



## Confidentiality

Notwithstanding the above Informed Consent section, all private information collected about the client in the course of therapy will be treated as highly confidential and no information about the client will be disclosed without consent.

Medical Aids require an International Classification of Diseases and Health Problems Code (ICD 10 Code). Please note that this code is required to be given on your statements for your medical aid.

In order to offer a professional service, the therapist will sometimes discuss and write up cases and academic material with a suitable senior colleague. Identifying details will not be shared. The psychologists concerned are qualified professionals who treat information as confidential.

## Termination

Either the client or the therapist can terminate therapy at any stage (subject to what is stated about cancellations). The therapist will only terminate therapy in consultation with you and in a professionally accountable way.

## Forensic Work

Reality Wellness Group therapists and affiliates do not offer services for forensic purposes. As abovementioned, the therapist will only participate in legal proceedings if instructed to do so by court order.

## Responsibility

The responsibility for all decisions taken in the clients' life still lies solely with them, and the therapist will not accept responsibility for the clients' actions.

Please do not hesitate to discuss any of the above information with your therapist should you require further clarity.

## Missed Appointments

Please note that your company will be charged for missed appointments not cancelled at least **24hrs** prior to the appointment or for failure to arrive at appointments. Should you wish to cancel or reschedule please contact your psychologist/ counsellor directly or call our call centre on 0801122550.

I agree to all the terms and conditions stated herein:

Client's name: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Therapists' name: \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_