

Counselling Psychologist

INFORMED CONSENT STATEMENT FOR PSYCHOTHERAPY

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person.

My responsibilities to you as your therapist

Confidentiality

With the exception of certain specific exceptions described below, you have the right to the confidentiality of your therapy. I cannot and will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. I will always act so as to protect your privacy.

If you elect to communicate with me by email at some point in our work together, I am willing to respond briefly by return email, but please be aware that email and other electronic media are not completely confidential.

The following are legal exceptions to your right to confidentiality:

- I would inform you of any time when I think I will have to put these into effect.
- If I have good reason to believe that you will harm another person, I must attempt to inform that person and warn them of your intentions. I must also contact the police and ask them to protect your intended victim.
- If I have good reason to believe that you are abusing or neglecting a child or vulnerable adult, or if you give me information about someone else who is doing this, I must inform Child Protection Services.
- If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality. I will explore all other options with you before I took this step.

Record-keeping

I keep brief records of each session noting the dates we meet, the topics we cover, progress and next steps. My records are kept private and not shared with others, in accordance with the HPCSA requirements.

Diagnosis

If a medical aid is paying for your bill, I am required to give a diagnosis. Diagnoses are technical terms that describe the nature of your problems and something about whether they are short-term or long-term problems. If I do use a diagnosis, I will discuss it with you.

Other Rights

You have the right to ask questions about anything that happens in therapy. You can ask me about my training for working with your concerns, and can request that I refer you to someone else if you decide I'm not the right therapist for you. You are free to leave therapy at any time.

Fees

Individual and couples therapy is R1050 per 55-60 minute session (medical aid rates). You will be receive a statement at the end of the month which you submit to the medical aid for them to pay me.

Your Responsibilities as a Therapy Client

You are responsible for coming to your session at the scheduled time. Sessions last for 55-60 minutes. If you are late, we will end on time and not run over into the next session. If you miss a session without cancelling, or cancel with less than twenty-four (24) hours' notice, you will be charged for that session.

Complaints

If you are unhappy with what is happening in therapy, I hope you'll talk about it with me so that I can respond to your concerns.

I agree to the abovementioned terms.

NAME

DATE

SIGNATURE

POPI-Act compliance:

Please note the following with regards to the Act:

- As of 1 July 2021 the POPI Act came into law. The POPI Act requires me, as a psychology practice, to protect all personal information of my clients/patients, and prohibits me from sharing any personal information without your consent (other than the exceptions to confidentiality addressed herein above).
- WhatsApp, email and telephonic communication is used by me, in my practice to share information with you (the client/patient) only. If you do not wish to receive communication on these platforms, please let me know.
- Physical security with regards to your personal information:
 - My files are kept in a locked cabinet inside my office
 - Only cleaning staff permitted to enter – with NO access to cabinet locks
 - No administrative or secretarial staff are employed
 - Only POPI compliant third parties' services are employed/used
 - If medical aids are used, only POPI compliant ones are used
 - In compliance with the HPSCA, your information is held for 6 years, after which it is destroyed
- Technical security:
 - Cell phone security – I have face recognition installed on my cell phone, so that access to WhatsApp, messages, contact numbers and emails is no easily accessible if the phone was lost/misplaced;
 - Laptop/computer security – I have a login code that is required to access my computer; a security system installed to minimise the risk of hacking and an anti-virus
- Other:
 - Data subjects share their information at their own discretion and may at any stage withdraw their consent for me to hold their personal information.

Consent:

I knowledge and understand the benefits and risks as made known to me by Sonja Snyman and as reflected in this form. I hereby provide consent to participate in therapy/assessment. I consent to all the above herein.

SIGNATURE

DATE