

CONSENT FORM

I am a qualified counselling psychologist. I value my relationship with my clients and believe that such relationship is the inspiration in the healing process.

I believe that each individual is unique and has his/her own way of finding solutions. Therefore, I believe in an eclectic therapeutic model that helps my clients empower themselves by focusing on what works for them. There is no solution that fits all as each person's journey is their own. Together we work to resolve what we can.

As a registered counselling psychologist with the HPCSA, Registration No. PS0075051, I adhere to strict confidentiality. All the information between you and me, will not be shared or disclosed to anyone without your permission. The exception is (1) Court order, (2) criminal code violations and (3) whereby any person's life or health is in obvious danger. I also adhere to the HPCSA strict code of ethics as per the website,

https://www.hpcsa.co.za/Uploads/PSB_2019/Ethical_Rules_ANNEXURE_12.pdf

Client's Rights

1. The client may ask questions on what to expect during and end result of the therapy.
2. The client may decline to proceed the therapy as to the techniques which may be conducted by the therapist.
3. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime.
4. The therapist has the right to dismiss the client from the course of therapy.
5. The client has the right to review his or her records from the therapist.
6. Right to confidentiality: Within limits provided for by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance to the principles of a doctor-patient relationship. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client.
7. The client can raise any concerns and to speak with the therapist immediately of any concerns provided that the therapist is likewise available to discuss matters with the client.

Acknowledgement

I have reviewed this Professional Counselling Informed Consent Agreement. I likewise understand my Client's Rights set in this form.

I, _____ (name and surname) accept this agreement and consent to counselling.

Signature

Date