

William

the Psychologist

WILLIAM MOKWENA Clinical Psychologist

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TERAPY CONSENT FORM FOR ADULTS AND MINORS

Patient Details:

Title:	Gender:	Employer/school:	Home address:
First Name:			
Surname:			
ID:			
Referral (if applicable)			
Cell No:			Tel:
Email:			

Guardian/s Details (If patient is under 18 years):

Title:	Gender:	Employer:	Home address:
First Name:			
Surname:			
ID:			
Referral (if applicable)			
Cell No:			Tel:
Email:			

Title:	Gender:	Employer:	Home address:
First Name:			
Surname:			

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ID:		
Referral (if applicable)		
Cell No:		Tel:
Email:		

Person Responsible for account Payments:

Title:	Gender:	Employer:	Home address:
First Name:			
Surname:			
ID:			
Cell No:			
Email:			Tel:

Details of account:

This Account is (Please circle relevant option): Private Medical Aid Hospital Plan		
Provider:	Beneficiary's/ Dependant's / Name/s:	Dependant Code:
Main Member:		
Main Member ID:		
Medical Aid Number:		

Consent to contact referral Source: (Please circle relevant option) Yes/ No
Consent to contact Work/School: (Please circle relevant option) Yes/No
Contact information if Yes:
Written Report at R1600 - R1800 (Please circle relevant option) Yes/No

By Signing this page you agree that all information is accurate and take responsibility to inform the accounts department at william@williamthepsychologist.co.za if any information changes.

Full Name:

Date:

PR: 1143484 PS0154547

PLEASE READ THE FOLLOWING CLIENT INFORMATION, TERMS OF TREATMENT AND PAYMENT TERMS AND CONDITIONS.

This document outlines what to expect from the therapy process and the professional you will consult. It also explains your responsibilities as the client, guardian, or person responsible for account payments. Please read it carefully. If there is anything you do not understand, discuss it with your practitioner.

1. Therapy sessions generally last 50-60 minutes.
2. Fees are charged at rates recommended by the Board of Health Funders (BOHF) and the Health Professions Council of South Africa (HPCSA).
3. The Private Rate is R1000 per session. Medical aid rates differ and depend on the scheme.
4. It is your responsibility to verify your medical aid rate and available funds.
5. Private accounts, including hospital plans, are payable on the day of consultation. Failure to do so will result in Medical Aid rates being applied.
6. If payment is rejected by your Medical Aid, the responsible party becomes liable for any outstanding fees.
7. School visits, telephonic consultations, and email communications with parents, teachers, and other therapists will be charged at the recommended rates of BOHF and HPCSA.
8. Terms for medical aid claims are strictly 30 days. Any outstanding accounts will incur an interest rate in accordance with the legally prescribed interest rate, per annum, calculated from the due date (as per invoice) to the date of receipt.
9. Failure to settle accounts may result in legal action, for which you will be held liable, based on an attorney and own client scale.
10. Full fees will be charged for appointments not cancelled 24 hours prior to the appointment. For cancellations or changes, please call 021 5576066 or email your practitioner.
11. Reports will only be drawn up on request and will incur charges accordingly. A minimum 14-day period is required to prepare a report.
12. Psychological assessment reports will only be released once the account has been settled in full.
13. Report costs range from R1600-R1800, depending on the type of report required.
14. Mediation, specialized assessments, and legal referrals will be billed at R1965 per hour.

CONFIDENTIALITY:

1. All information about you will be treated as confidential. The practitioner will not disclose any information without your consent, subject to, what is stated in paragraph 2.
2. In certain exceptional situations, legal or professional rules may force a practitioner to disclose information about you. These situations include:
 - 2.1 Emergency situations where there's a risk of harm to yourself or others.
 - 2.2 Statutory duty situations, such as cases involving disclosure of sexual abuse, consulted with you.
 - 2.3 Court orders which are rare occurrences.
3. The same principles in paragraphs 1 and 2 above apply to children under the age of 18. The practitioner will regularly inform parents or guardians about the therapeutic process and the child's progress. Normally, no information will be disclosed to a parent or guardian about the session's content without the child's consent. However, the practitioner reserves the right to inform the parent or guardian if it seems the child is involved in criminal behavior or behavior considered dangerous.
4. Medical aid funds require a diagnosis before paying a therapist's account. If you refuse to allow the practitioner to furnish your Medical Aid fund with the necessary information, the organization may refuse to pay the account on your behalf.
5. Please discuss any further queries or concerns with your practitioner.

ASSESSMENT:

To provide you with proper service, a thorough assessment is necessary. This will occur during the initial session, or in the case of children, after an interview session with the parents. The Professional Board for Psychology mandates psychologist contact or attempted contact with both divorced parents before seeing children. During this evaluation, you will be asked about your symptoms, personal history, relationships, and more. Sometimes, it's valuable to interview others who know you to obtain additional information. This will only occur with your consent.

THERAPY:

Therapy generally leads to improved functioning and personal growth in the long term. However, in the short term, it might be unsettling and emotionally challenging. Temporary emotional distress is possible, which may affect your work, social, and personal life for a period. Successful therapy might lead to changes in circumstances or relationships, often causing tension with those affected.

The success of therapy depends on various factors, primarily on clients taking responsibility for change. No therapist can guarantee the success of therapy.

TERMINATION:

Either you or the practitioner can end therapy at any stage. The practitioner will terminate therapy only in consultation with you and in a professionally accountable manner.

DISPUTES:

If a dispute arises concerning the service or charges, inform your practitioner.

FURTHER INFORMATION:

During the initial interview, you'll have the opportunity to ask questions. Feel free to inquire about any information in this document. If you ever fail to understand what's happening, ask the practitioner for an explanation.

THE PROTECTION OF PERSONAL INFORMATION ACT NO.4 OF 2013:

1. By signing this document, you consent to the processing of your personal information as per the Protection of Personal Information Act No.4 of 2013, by William Mokwena (Clinical Psychologist) and any other parties contracted for the following purposes:
2. Treating and managing you in the psychologist-and-patient relationship.
3. Administering the contractual relationship between yourself and William Mokwena.
4. Communicating with relevant persons regarding your treatment.
5. Communicating with third parties responsible for indemnifying you for treatment costs.
6. Collecting outstanding payments from you.

By signing, you acknowledge and accept the client information, treatment terms, and payment conditions.

Client/Gaurdian:

Name: _____

Date: _____

Signature:_____

Person Responsible:

Name: _____

Date: _____

Signature:_____