

BAppSocSci Majoring in Psychology and Counselling

Bachelor of Social Science Honours Majoring in Psychology (Cum Laude).

Info@shcounsellingservices.co.za

www.shcounsellingservices.co.za

0722591796

SAM HEALD COUNSELLING SERVICE AGREEMENT AND CLEINT INTAKE FORM

Please fill in the information below and send it back or bring it with you to your first session.

Please note the information provided on this form is protected as confidential information.

File no: _____

(For office use)

Patient Information

Title: _____

Identity number: _____

Full Name: _____

Surname: _____

Email Address: _____

Residential Address: _____

Employer: _____

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Employment address: _____

Cellphone number: _____ Work number: _____

Name of partner/ spouse/ next of kin: _____

Contact number: _____ Relationship: _____

Referred By (if any):

Practice Fee Agreement

1. The patient and/or guarantor is always responsible for the payment of invoices and/or accounts of Sam Heald's Counselling Services.
2. Sam Heald is a cash practice and therefore no claims will be submitted to the Medical Aid.
3. All accounts rendered by Sam Heald are payable immediately/ within _____ days from when the invoice was rendered to the patient and/or guarantor and the fee structure is as follows:

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	Description	Rate
	Counselling sessions	
1.	Online session (per 60 minutes)	R 600.00
2.	In person individual session (per 60 minutes)	R 750.00
3.	In person couple and/or family session of no more than ____ persons (per 60 minutes)	R 900.00
4.	In person group sessions for more than ____ persons (per 60 minutes)	R 1 200.00
5.	In person individual session for university and/or college students (per 60 minutes)	Client to advise
	Other professional services	
1.	Telephone calls (per 10 minutes)	Client to advise
2.	Attending consultations with other professionals as authorized by the patient (per 30 minutes)	Client to advise
3.	Preparing records or treatment summaries (per 60 minutes)	Client to advise
4.	Attending to messages, emails and/or other correspondences from the patient (per correspondence)	Client to advise

4. Should the patient/ guarantor fail to make payment of their account within _____ days.

Sam Heald's Counselling Services reserves their right to approach the necessary legal

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forum and/or collection agency to recover these fees. Should it be necessary for Sam Heald Counselling to approach any third parties for the collection of fees owed by the patient and/or guarantor the cost of these fees will be for the patient and/or guarantor's account.

5. Sam Heald Counselling Services will notify the patient and/or guarantor in writing 30 days before any changes to the fees described in this document.

Important information on Client Cancellation Procedures:

If the patient and/or the patient's guardian needs to cancel a scheduled counselling session, **the appointment must be cancelled at least 24 hours in advance.** Should the patient and/or the patient's guardian fail to cancel a scheduled appointment with at least 24 hours' notice, or if the patient fails to attend a scheduled Counselling session, the patient and/ or guarantor will be liable for the full fee of that session.

Guarantor/ Person responsible for account

(only to be completed if differs from patient information)

Title: _____

Identity number: _____

Full Name: _____

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Surname: _____

Email Address: _____

Residential Address: _____

Employer: _____

Employment address: _____

Cellphone number: _____ Work number: _____

Parent /Legal Guardian's Consent for minor child (below the age of 18) to attend counselling sessions.

We/I, _____
(name and surname of parent/s) being the parent/s and/or legal guardian/s of
_____ (full name of minor child), a

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minor child with date of birth being _____, hereby give my/ our full consent for my/ our child to attend therapy sessions at Sam Heald Counselling Services.

I acknowledge that Sam Heald Counselling Services will take all reasonable steps to maintain the confidentiality of my child's sessions in accordance with the applicable South African Legislation and ethical standards. I however understand that confidentiality may be limited in certain situations, including however not limited to instances involving potential harm to my child or others, or where required by law.

Mother/ Guardian signature _____

Father /Guardian signature _____

Registration and Scope of Practice

Sam Heald is a Specialist Wellness Counsellor registered with the ASCHP [Designations | ASCHP](#). As such Sam Heald Counselling Services does not diagnose medical illness and focusses on a holistic wellness perspective.

Sam Heald Counselling Services provides mental health and general counselling services. By signing this agreement, the patient and/or guardian, acknowledge that treatment and/or the type of counselling provided will be dependent on the patient's specific needs and goals. The

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patient and/or guardian further acknowledges that Counselling often involves discussing difficult aspects and a patient may experience feelings like sadness, guilt, anger, stress, or frustration, this is a normal consequence of counselling which eventually may lead to healthier relationships, solutions to specific problems, increased life satisfaction, improved physical health, and significant reductions in feelings of distress. There are however no guarantees as to what each patient will experience during Counselling.

Should your needs be outside of the scope of Sam Heald Counselling Services, you will be referred to a specialist, including however not limited to psychologists, psychiatrists, and/or medical doctors.

Sam Heald Counselling services may on occasions suggest that it would be beneficial for a patient to have a medical check-up or consultation with a medical doctor in order to rule out illness or hormonal imbalances that the patient may have that may be contributing to their struggles.

What to expect at a Counselling Sessions:

A patient's first few sessions at Sam Heald Counselling Services will involve an evaluation of the patient's situation including a patient's specific needs, goals, and objectives to work towards.

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The counselling process is unique to each patient and the challenges that they are experiencing. Some patient challenges can be addressed effectively in a fairly short period whereas other patients may require more Counselling Sessions.

The patient and/or guardian acknowledges that Sam Heald Counselling Services cannot predict exactly how long a patient will be required to attend counselling and a treatment plan inclusive of goals will be provided to the patient after their first few sessions at Sam Heald Counselling Services.

Counselling sessions will typically take place once weekly and are scheduled in advance. Standard Counselling Sessions are typically 60 minutes in length and begin and end on time.

If a patient's session tends to run longer, this will be discussed during a patient's session to maintain healthy boundaries around starting and ending on time or if appropriate book a longer session. However, longer sessions are only available on request in advance and depend on the availability of Sam Heald Counselling Services' schedule, these longer sessions will be charged at a *pro rata* rate.

The patient and/or guardian acknowledges that should a they be late for a scheduled session, the session will not be extended past the patient's scheduled time slot, nor will the time be made up at future sessions.

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Counsellor's Availability between Sessions:

Should a patient and/or guardian be unable to reach Sam Heald Counselling services, kindly leave a voicemail message that will be attended to as soon as possible. Should a patient be experiencing an emergency that require immediate assistance and should Sam Heald Counselling Services not be available during that time, contact the patient's general practitioner and/or approach the nearest emergency room and ask for the mental health counsellor on call.

Sam Heald Counselling will not address counselling issues via email unless a patient has been specifically asked to check in"" as part of their Counselling process. Should a patient and/or guardian decide to contact Sam Heald Counselling services via email, they acknowledge same is not a secure means of communication, and the patient and/or guardian accept the risk associated with transmitting personal information in this manner. Sam Heald Counselling Services however undertakes to implement every reasonable effort to maintain email/electronic security.

Should Sam Heald Counselling services be unavailable for an extended time, the patient and/or guardian will be will provided the particulars of a colleague to contact, should same become necessary.

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Policy Regarding Internet Professional and/or Social Networking Sites:

Sam Heald Counselling services will not engage with patients and/or guardians on social media platforms such as Linked-In, Facebook and/or Instagram as this could potentially risk the patient's confidentiality.

Confidentiality:

Sam Heald Counselling will not release information about a patient's treatment and/or Counselling Sessions unless mandated to do so by written authorization from the patient and/or guardian. A patient and/or guardian may revoke any such authorization at any time, in writing.

The patient's right to confidentiality will be limited *inter alia*, in the following circumstances:

1. In the case of potential suicide, homicide, or threat of imminent, serious harm to another individual
2. Suspicion of abuse or neglect of children or vulnerable adults will be reported by Sam Heald Counselling in terms of the relevant legislation and/or ethical obligations.
3. Prenatal exposure to cocaine, heroin, phencyclidine, methamphetamine, amphetamine or their derivatives, THC, excesses, and habitual use of alcohol by Sam Heald Counselling in terms of the relevant legislation and/or ethical obligations
4. Any circumstances wherein an ethical or legal duty requires disclosure.
5. A duty to release patient records if subpoenaed by a competent court~~s~~.

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Sam Heald Counselling Services will make every effort, taking the ethical and legal obligations of a Counselling Service into account, to discuss the above mentioned situation with a patient fully before taking any action and will limit any disclosure ~~ureer~~ about a patient where reasonably possible and/or necessary

Patient and/or guardian acknowledgement

The patient and/or guardian of the minor child acknowledges that it is unethical for two different counsellors to provide counselling for the same patient at the same time, unless there is a compelling clinical reason, a crisis, or a specialised counselling treatment plan in place. Sam Heald Counselling Services will not provide Counselling and/or any form of treatment to patients who are under the care of another counsellor.

The patient and/or guardian acknowledges that it is their responsibility to inform Sam Heald Counselling of whether they are currently seeing another counsellor or coach.

Sam Heald Counselling services does however, work as part of a multi-disciplinary team, such as with the patient's psychiatrist, psychologist, social worker, or occupational therapist that may be part of the patient's mental health team.

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Safety:

Sam Heald Counselling Services strive to provide a safe environment for patients.

Patients and/or guardians acknowledge that any verbal, written, or physical behaviour of threatening nature by any patient will result in immediate termination of this agreement. The patient and/or guardian further acknowledges that should the threatening and/or violent behaviour be of such a nature that it be required for Sam Heald Counselling Service to involve the Police, that patient confidentiality is waived in this regard.

Termination of this agreement:

The patient and/or guardian may at any time terminate my mandate in writing. Termination of this agreement will not terminate the patient and/or guarantor's obligation to make payment of the Counselling Sessions already attended.

POPI ACT

I _____ with Identity number: _____

acknowledge and agree that the Sam Heald Counselling Services may process and further process all my personal information, including special personal information including however not limited to medical information, religious information and health other personal information in terms of the Protection of Personal Information Act, No 4 of 2013 (as amended) ("POPIA").

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I, as the undersigned, patient, responsible person, legal guardian, or guarantor of the patient, hereby consents to the processing and further processing of their personal information to any third- party service providers, any specialists and to any necessary legal representatives, debt collectors or credit bureaus.

I, as the undersigned acknowledge and agree that all employees employed at Sam Heald Counselling Services may process my/ the patient's information and that such employees are bound by a policy and strict confidentiality provisions to process personal information in line with the provisions of POPIA.

Signature of Patient and/or legal guardian

Date:

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Reason for Appointment

What brought you to seek counselling?

What do you think are the main issues that you are experiencing? Please also include when it started and the intensity (rate from 1-10 (10 being the most severe)).

Mental Health and Developmental History

Have you previously received any type of mental health services (counselling, psychotherapy, psychiatric services, etc.)? Please give us more information

☐ No ☐ Yes,

(if Yes) Provide the name of previous/ current counsellor/ psychologist/ psychiatrist:

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What did you like and/or not like about therapy?
