CORLIA BRANDERS

Registered Counsellor / Psychometrist

HPCSA: PRC0013803 / PMT0085340 | Practice: 0473626
Bosveldsig, Phase 1, Modimolle, 0510

CONTRACT AND CONSENT FORM

CLIENT DETAILS

Surname		Title	
First name(s)			
ID number		Date of birth	
Contact numbers	WhatsApp		
Email address			
Occupation			
Residential address			
		Code	
Next of kin name			
Contact no			

ACCOUNT DETAILS

☐ **I am on medical aid (please complete the section below)**

☐ **I am paying privately**

Medical aid name						
Main member name						
Medical aid plan						
Member number					Dependent no	
Referral	YES		No			
Referred By						

PROTECTION OF PERSONAL INFORMATION

I _____ (full name) hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act No. 4 of 2013, by Corlia Branders (Registered Counsellor/Psychometrist), the practice staff and third parties with whom Corlia Branders has a contractual relationship for the following purposes:

- Treating and managing me in terms of a counsellor-and-client relationship;
- The administration of the contractual relationship between myself and Corlia Branders;
- Communicating with other people as it relates to my treatment and management;
- Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof, including medical schemes and their administrators where relevant; and
- Collecting monies outstanding from me.

As you are entering into a contract with Corlia Branders, the processing of your personal data is necessary. I take the storing and accessing of your personal information very seriously, and confidentiality is of utmost importance. Your personal information will always be stored securely and only accessed by me. Further information about my practice and personal data:

- According to the Health Professions Council of South Africa (HPCSA) regulations, I keep patient files for a period not exceeding 6 years.
- All client notes are stored separately from identifiable information and are password-protected as they are stored electronically.
- Statements are emailed to the person responsible for payment in PDF format.
- Medical aids require an ICD-10 code on your invoice for payment of claims.
- I use Goldie or www.corliabranders.co.za for booking appointments.
- I email appointment reminders the day before your session. Please ensure that I have your private WhatsApp number for all correspondence. Please do not use a default disappearing setting.

CONFIDENTIALITY

Therapy is confidential. There are, however, some exceptions where confidentiality may be broken:

- if the client expresses intended or actual harm to themselves or others
- the Children's Act (I am obligated by law to report any suspected child abuse)
- where the therapist is legally obliged to do so by a court of law

CONSENT TO ASSESS A MINOR (if applicable)

I, the undersigned parent or legal guardian of _____ (minor's full name), hereby give informed consent for Corlia Branders, Registered Counsellor/Psychometrist, to assess the minor for the agreed purpose. I confirm that I have the legal authority to provide this consent and that the nature, purpose and procedures of the assessment have been explained to me. I understand that the assessment may include interviews, observations and appropriate psychometric, scholastic, developmental or socio-emotional measures. The findings, limitations and recommendations will be discussed with me

and may only be shared with other relevant professionals, the referring school or institution with my written consent, except where disclosure is required by law or necessary to protect the minor or another person from harm. The minor's understanding and assent will also be sought in an age-appropriate manner.

Permission to obtain and give information to the following:

1.
2.

Child aged 12 years or older: I, _____, understand the assessment process and consent that my assessment results may be discussed with _____, subject to my best interests and the legal limits of confidentiality.

APPOINTMENTS

If you are late for an appointment, this will result in a shorter session time. Sessions cannot run overtime if you are late, as this will impact the client scheduled after you.

When I work online, you need access to a stable internet connection and a private space for the session. I use Zoom, WhatsApp or Signal for online video sessions. The client can choose their preferred platform. No recordings of sessions are made without the prior written consent of both parties (client and therapist). Online therapy is not for everyone, so if at any time you feel that you prefer to be seen in person, please notify me.

PAYMENT

I am running a cash practice, and payment is due on the day of your session by EFT/Card/Payment link. Please note that fees are subject to an annual increase.
(See fees on the booking site). If your account is not settled, the person responsible for the account will be liable as well as all legal and debt collection costs involved.

CANCELLATIONS

A minimum of 24 hours' notice is required for all cancellations. Should the notice period be less than 24 hours, or should you not arrive, you will be charged in full for the session. Medical aids do not cover missed appointments; we will charge the fee to your personal account.

☐ **I, the undersigned, accept all the conditions mentioned above.**

Signature		Full Name	
		Date	
Child over 12 Years		Full name	
		Date	