

## **Client Consent Form**

Dear Recipient

Thank you for your interest in engaging with online counselling. The following sheet provides information about online sessions and what you can expect. Please feel free to ask any questions if you need clarification.

### **General information**

Online consultation is a convenient alternative to traditional face-to-face meetings and is effective in helping to accommodate specific needs. Disruptions can occur when using the internet to communicate. Should our communication be disrupted, I will immediately attempt to reconnect and resume the session. However, if I am repeatedly unable to reconnect for 15 minutes, the session will be rescheduled to a later date once connectivity is resumed. Sessions may be done via voice call or text as well. My operating hours are between 9 am-7 pm.

### **Confidentiality**

Any information provided to me will remain confidential and will not be given to a third party unless you give me specific permission to release the information or in the below circumstances. The only exceptions are as follows:

- Where I am subpoenaed by the court.
- Disclosure of Abuse towards a minor, elderly, and/or disabled persons, I am obligated to inform a social worker.
- If there is a significant risk of you seriously harming yourself or another person, I am obliged to act to prevent harm, which may involve giving information to a third party.

### **Billing information**

My services are billed by time. The fee for a 60-minute consultation is R500 and R250 for 30 minutes. This practice is not eligible to claim form medical aid. Please take note that clients are accountable for paying their own consultation fees as per the normal tariffs charged by this practice.

Invoices will be sent to you, and you can pay for services via electronic funds transfer, card, or PayPal before or after the session.

If you need to cancel a session, please do so 24 hours in advance. Please respect my time as session preparation is involved. If you fail to cancel a session and do not attend a standard session fee will be charged. In the event of a no-show, I will wait 15 minutes and then I will leave the virtual session room and the session will be automatically cancelled.

If accounts are not settled 30 days after the session, further sessions will be on hold until payment is made.

POP can be sent to [info@wellnessco.co.za](mailto:info@wellnessco.co.za)

## **Record-keeping**

I keep brief records, noting that you have been here, what interventions occurred during your session, and the topics we discussed.

## **Contact and Emergencies**

You may contact me via phone, text, or email. If you are experiencing an emergency when I am not available, or outside of my regular office hours please call Lifeline on (012) 804 3619 or go to the nearest hospital emergency room for assistance.

## **Consent**

I have read the above and understand what this online session entails. I agree to participate in online counselling and comply with the policies outlined above. In the case of a minor, one or both legal guardians sign on behalf of the minor in acknowledgment of consent. I confirm that the following identifying details are correct:

First Name	
Last Name	
Date of Birth:	
Phone Number	
Client Signature	
Date	
Place	

Note: if the threat of harm applies to you, please fill out the section below.

I agree that in the case of an emergency where I am a threat of harm to myself, or I am to others, or someone is a threat to me the following persons can be contacted:

Family/Friend Name	
Phone Number	
Medical Practitioner	
Phone Number	

## **Additional information**

Please add any additional information you would like to share such as why you would like counselling, and what your goals and objectives are. If there are any trigger topics, you would like to avoid during the session please mention these.

