



## **THERAPEUTIC CONTRACT**

### **Adults and Couples**

#### **INFORMED CONSENT**

I/We (the client/clients) \_\_\_\_\_ and \_\_\_\_\_ agree to the following conditions.

#### **CONFIDENTIALITY & THERAPEUTIC PROCESS (In person and/or online)**

1. I agree to the following:

The psychologist may disclose confidential information

- *Only with the permission of the client concerned;*
- *When permitted by law to do so for a legitimate purpose, such as providing a client with the professional services required;*
- *To appropriate professionals and then strictly for professional purposes only;*
- *To protect a client or other persons from harm;*
- *To obtain payment for a psychologist service, in which instance disclosure is limited to the minimum necessary to achieve that purpose;*
- *In terms of a statutory provision. The psychologist shall, in terms of any relevant law or by virtue of professional responsibility, report the abuse of any child or vulnerable adult.*

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2. I grant the therapist permission to use the data obtained (which will be anonymous and Confidential) for research and training purposes.

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3. All data will be stored for a period of 6 years, as from the date on which you cease Therapy with the psychologist, as per HPCSA requirements.

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#### **Agree/Disagree**

I agree to the verbal contract between my therapist and myself regarding the therapeutic interventions needed and agreed upon.

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I consent to the treatment and diagnoses as suggested by Elonie De Klerk, Marni Hattingh or Sonet Smit after consultation.

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#### **Crises Management:**

In case of any harm to myself and/or if a crisis occurs during a session, I hereby give permission for the psychologist to contact the following person in order to obtain the necessary support:

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_ Phone number: \_\_\_\_\_

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## Written Documents

**Written reports/referral letters will not be provided unless formally requested 2 weeks in advance and other certificates (sick notes), must be requested 24 hours in advance. Additional costs may apply.**

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### Communication:

I understand that if I choose to communicate with the psychologist via email, WhatsApp, or any other electronic media, that these forms of communication are not completely confidential, due to hackers and systems administrators. The psychologist will however do her best to ensure the confidentiality of any communication.

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### Social Media Policy:

1. The client acknowledges and understands that to maintain a professional relationship, it is unethical for the psychologist to engage with the client over social media.
2. The psychologist will not accept any invitations on any social media platforms, which include but are not limited to the following; Facebook, Twitter, Instagram, Snapchat, Wechat etc.
3. The psychologist reserves the right to remove any client or prospective client as "friend" or "follower" on any social media platform.
4. The psychologist reserves the right to take any legal action against a client or prospective client regarding any defamatory or discriminatory statements made on any social media platform about the psychologist or the practice. The legal action encompasses both civil and criminal proceedings.

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### Legal Recourse:

We are registered as Psychologists with the Health Professions Council of South Africa (HPCSA) and our professional behavior is governed by this regulatory body. Please note that if you are not located in South Africa then any legal recourse will only be available in South Africa. You can verify our registrations with the HPCSA at the following link: [https://hpcsaonline.custhelp.com/app/i\\_reg\\_form](https://hpcsaonline.custhelp.com/app/i_reg_form)

### Acknowledgement and consent

I/we the undersigned, acknowledge that I/we have had the opportunity to carefully read this document to ask, and have answered any questions or concerns I/we have about the document or arising from it. I/we further acknowledge that I/we have read and understood the information contained in this document, undertake to adhere to them, and that it records my/our informed consent.

Full Signature/s: \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

**I understand that by signing this information sheet form I give consent for:**

- ☐ Therapeutic treatment (client)
- ☐ Processing of my personal information

Sincerely,



Elonie de Klerk Psychologists

Elonie de Klerk  
PR 0727725  
PS 0137752

[finances@therapywithelonie.co.za](mailto:finances@therapywithelonie.co.za)  
078 869 3602

Sonet Smit  
PR 0035947  
PS 0071153

Marni Hattingh  
PR 0525995  
PS 01224400

[info@therapywithelonie.co.za](mailto:info@therapywithelonie.co.za)  
[www.therapywithelonie.co.za](http://www.therapywithelonie.co.za)

## ACCOUNTS CONTRACT



**DISCLAIMER – To be signed by the main member of medical aid / the person responsible for the account of outstanding balances, if different from the main member.**

- *If I am not a member of a Medical Aid Fund, or if my Medical Aid limit has been reached, it is my responsibility to settle the account or query with my Medical Aid. Most Medical Aids/savings plans only have a limited amount of funds available for psychological services, it is therefore my responsibility to keep myself up to date so as not to exceed my limit.*

### **Prescribed Minimum Benefit (PMB)**

- Should you qualify for the necessary diagnosis for PMB to be approved, we will apply to your medical aid at no additional cost to you.
- It is your responsibility to contact your medical aid to ensure that you are aware of how your medical aid PMB and payment procedures apply.
- Medical aids can approve anything from 1 to 15 PMB consultations. These are shared with any psychiatrist/psychologist you may be seeing.
- Some medical aids have existing forms (renewed each year), that is completed by both you and the relevant psychologist. Other medical aids require the relevant psychologist to write an additional motivation.
- These sessions that are approved are 60-minute consultations. Please note that if your session exceeds 60 min, then the minutes are carried over till another 60 min are reached. This is done in your best interest, as a 90-minute submitted consultation will otherwise take away 2 sessions.
- Please check with your medical aid how many sessions you have left.
- Some medical aids require motivation from either your GP or your psychiatrist for additional sessions to be approved.
- When the current year ends, the remaining PMB sessions will lapse, meaning new PMB needs to be applied for each year. The first session in the year is used to evaluate the client and ensure the diagnosis is still correct.

*I undertake to pay in full for all professional services by Elonie De Klerk Psychologists practice within 60 days. I agree that in the event of any legal action being taken against me for any amount due by me to Elonie De Klerk Psychologists, for professional services rendered; I am liable and agree to pay all legal costs on the attorney-client scale together with the interest thereon, and all collections costs on any payment made.*

- **Appointments not cancelled 24 hours in advance will be charged the private rate of R1120.00 and cannot be sent to the medical aid.**

**I have read the above informed disclaimer; I understand and agree to it.**

**Client signature :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Person responsible for account if not the same as person above.**

**Print Name:** \_\_\_\_\_

**Signature :** \_\_\_\_\_

**Date :** \_\_\_\_\_

Sincerely,

*Elonie De Klerk*

Elonie de Klerk Psychologists

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