

## PSYCHOLOGIST - CLIENT SERVICE AGREEMENT

### CONSENT AND INTAKE FORM

#### FOR AN ADOLESCENT

#### Your Rights and Marit Kleynhans Counselling

#### Psychologist's Policies

### 1. WELCOME TO MY PRACTICE

This document outlines the professional services and business policies of Marit Kleynhans Counselling Psychologist (the Practice). The signing of this document represents an agreement between you the parents/legal guardian, the adolescent and Marit Kleynhans, who is a registered counselling psychologist with the Board of Healthcare Funders (BHF) and the Health Professions Council of South Africa (HPCSA). Any questions you may have can be discussed when you sign the document or at any point in the future.

### 2. RISKS AND BENEFITS OF THERAPY

Therapy involves risks in the form of experiencing uncomfortable feelings. These could include sadness, guilt, anxiety, anger, frustration, loneliness, hopelessness, or helplessness. These may arise because the process of therapy often requires discussing unpleasant aspects of one's life.

However, therapy has proved to have considerable benefits for individuals who opt for it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, and greater personal awareness and insight. Stress management skills may be acquired, tools on how to manage emotions and finding resolutions to specific problems. There are, however, no guarantees with regards to the outcome of therapy.

### 3. CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY

Every adolescent that receives therapy at the Practice has the right to confidentiality. All communications with Marit Kleynhans and all records relating to the provision of psychological services are confidential and may not be disclosed without written informed consent. However, the law places certain limits on the confidential nature of the psychological service(s) provided. In any of the following cases, the law (legislation/regulation) makes it compulsory to report and file the case with the appropriate agency, authority or next of kin.

If the adolescent is likely to harm him- or herself or others.

If any child minor abuse is suspected or a child minor needs protection.

If a vulnerable adult (such as a person with a disability) or an elderly adult is abused.

If there is any threat of harm to Marit Kleynhans.

If a law is violated during the session.

### 4. EZMed

EZMed is an electronic practice management application that has been developed by and is a product of ProfNet Medical. EZMed specialises in the financial management and administration of medical practices. EZMed are committed to ensuring the security of all personal information and to protect it from unauthorized processing and access as well as loss, damage, or unauthorised destruction. EZMed have implemented, and continually review and update, their information protection measures to ensure the security, integrity, and confidentiality of information in accordance with industry best practices.

### 5. POPI CLAUSES (As part of the Privacy Policy that can be requested at any stage)

#### CONFIDENTIALITY:

The Practice takes the protection of personal information seriously as required in terms of the Protection of Personal Information Act No. 4 of 2014 ("POPIA", as may be amended or substituted from time to time). All Personal Information gathered and pertaining to the adolescent is subject to an obligation of confidentiality by virtue of the profession under which the Practice falls, as well as South African legislation and the rules of the HPCSA. All information provided will be treated as strictly confidential, except under the following circumstances:

with the adolescent's express consent.

Initial: \_\_\_\_\_

in providing information required by the adolescent's medical aid (where applicable) to process claims for therapy provided by me, where Marit Kleynhans is obliged to divulge information in a court of law or in terms of a statutory provision or because it is in the public interest, where consultation with other mental health professionals is viewed as being necessary, where the adolescent poses a danger to him- or herself or another person, in the case of a deceased adolescent, with the written consent of the next of kin or the executor of the deceased's estate; and Drafting of reports, letters, etc, for third parties will only be done on receipt of the express written request and consent of the client.

## PROTECTION OF PERSONAL INFORMATION ACT, 2013

The very nature of therapy requires the gathering of personal information from a adolescent.

All personal information is collected by the Practice from the adolescent during therapy sessions or, in exceptional circumstances, from other relevant persons.

The personal information collected by the Practice will be used exclusively to direct the adolescent's therapy sessions to reach a desired psychotherapeutic outcome. The personal information is provided on a voluntary basis. However, withholding information will likely have a negative impact on the therapeutic process.

The Practice is responsible for maintaining the security of personal information so collected.

All personal information is stored in a safe environment and, where applicable, in encrypted electronic format. All personal information of clients is also kept in accordance with the Practice's confidentiality and privacy policy.

All information collected will be stored until the adolescent turns 21 years old. Hereafter, the information will be destroyed, in accordance with the guidelines provided by the HPSCA. (As part of the Retention of Documents Policy that can be requested at any stage.)

The Practice's website is hosted by SoReal Solutions (<https://www.soreal.co.za>), who have provided the assurance that all Personal Information that might be collected from the

website is kept completely secure and confidential. Furthermore, all precautions to protect personal data from any breaches is in place.

Should the Practice experience a Personal Information breach, affected parents/legal guardians as well as the Information Regulator will be advised thereof as soon as practically possible.

The adolescent will be given access to their personal information only upon receipt of an express written request and/or consent given by the /adolescent to disclose the information concerned to a person nominated in the written document.

Parents/legal guardians or adolescents who are not satisfied with the way the Practice deals with their personal information is entitled to lodge a complaint with the Information Regulator

at <https://www.justice.gov.za/inforeg/contact.html>

***By signing this document you give consent to collect, store, and process the adolescent's personal information as indicated above. Also, that I may disclose confidential information when it is required by law and/or where the best interest of the adolescent outweighs the right to confidentiality.***

## 6. CONSULTATION TIMES

The Practice times are as follows:

Monday – Thursdays 09:00-17:00

Friday: 09:00-15:00

I am not available over weekends or public holidays. I will provide you ample time before I go on leave.

## 7. APPOINTMENTS

Appointments are 60 minutes in duration. The duration, frequency and time are agreed on by both of us beforehand.

The time scheduled for the appointment is assigned to your adolescent alone. You are thus responsible for arriving on time. ***The appointment will end at the scheduled time regardless of your time of arrival.*** I will collect your adolescent when your allocated time starts.

Initial: \_\_\_\_\_



Pr Nr: 0650102 | HPCSA PS: 0129640  
☎ (+27) 067 342 4527  
✉ [info@maritpsych.co.za](mailto:info@maritpsych.co.za)  
🌐 [www.maritpsych.co.za](http://www.maritpsych.co.za)  
📍 1 Rosemary Avenue, Medical Centre,  
First Floor, Langebaan, 7357

## 8. CANCELLATION OF APPOINTMENTS

It is imperative that you provide 24-hour notice if you need to cancel or reschedule a session. This time is required for me to contact clients on the waiting list and to reschedule your appointment. ***Failure to cancel your session within 24 hours in advance will result in an "Appointment Not Kept" ICD-10 Code 86007 session fee of the hour or 40min appointment made. Your medical aid will not reimburse you for this fee.***

The only exception is when we both agree that you were unable to attend due to unforeseeable circumstances. If I need to cancel or reschedule an appointment due to unforeseen circumstances, I will also inform you.

## 9. MEDICAL AID

In order for us to set realistic treatment goals, it is important to evaluate the financial resources you have available for your adolescent's treatment. Medical aid usually provides limited coverage for mental health treatment. If you are a member, kindly contact your medical aid to ascertain whether the therapy sessions (and how many) will be paid for.

It is important to bear in mind that medical aid companies require you to authorise the Practice to provide them with a diagnosis through what is called an ICD-10 Code to claim for the session. All medical aid companies assert that such information is kept confidential. However, I have no control over the information provided (diagnosis and frequency of visits, for example) once it is out of my hands. ***Signing this Agreement gives me permission to provide the medical aid with your adolescent's ICD-10 Code. If you prefer the diagnosis to remain undisclosed, you do have the right to pay for the sessions privately.***

## 10. RATES

Please be aware that the fees that I charge are significantly lower to the proposed rates as stipulated by the BHF, with hourly rates being charged over R1000.

The fee structure is as follows.

### ***Private rates (EFT, card, or cash):***

Individual therapy:

- R800 for 60 minutes

### ***Medical aid rates:***

- Individual therapy (1 hour). Procedure code 86205 is used, private rate of R800 is charged.

Initial: \_\_\_\_\_

## ***Application for Prescribed Minimum Benefits (PMB)***

- PMB states that the patient who applies has a pre-existing condition, thus PMB can only be applied for if such condition exists, and an ICD-10 Code according to the PMB codes list can be provided. PMB rates are subject to the medical aid and not to the Practice's rates.

## **Assessment packages (Subject Choice or Career Counselling) are R3500.**

The Practice fees are subject to an annual increase, effective from 1 January. Should any alteration of fees be brought into effect, written notice will be provided.

## 11. PAYMENT OF EFT FEES

### **ACCOUNTS ARE SENT AFTER THE LAST APPOINTMENT OF THE MONTH AND PAYMENT IS DUE BY THE END OF EACH MONTH.**

The bank details are reflected on the invoice. If payment is not received by the end of the month, reminder notifications will be sent out.

## 12. NON-PAYMENT OF FEES

It is important to note that you (**PERSON RESPONSIBLE FOR THE ACCOUNT/ MAIN MEMBER**) remain primarily responsible for the payment of the account. If your medical fund fails to settle an account for whatever reason, you will be requested to settle the account or any outstanding balance immediately.

If you fail to pay your bill for whatever reason, the Practice is entitled to present the bill for collection in which case legal action will take place and you will be liable and take full responsibility for all related costs and expenses. These include client costs, debt collector costs and related attorney costs.

If you have any special circumstances that prevent you from paying, please let the Practice know immediately so that a payment plan can be arranged.

## 13. ELECTRONIC COMMUNICATION AND MAKING CONTACT

I always endeavour to reply to messages/emails as soon as possible.

Please be aware that communication via email, telephone, SMS or WhatsApp is not completely confidential due to possible hacking. I will, however, do everything in my power to ensure the confidentiality of



Pr Nr: 0650102 | HPCSA PS: 0129640  
☎ (+27) 067 342 4527  
✉ info@maritpsych.co.za  
🌐 www.maritpsych.co.za  
📍 1 Rosemary Avenue, Medical Centre,  
First Floor, Langebaan, 7357

our communication, as mentioned above under **POPI CLAUSES**. WhatsApp has embedded **end-to-end encryption** which ensures only the persons you're communicating with can read or listen to what is sent, and nobody in between. **By signing this Agreement, you agree to receiving communications from the Practice per WhatsApp, email, telephone, or SMS; and you are aware of the risks involved with the information that you choose to share with Marit Kleynhans.**

Kindly note that I do not "befriend" current or past clients on any social media platform.

### WhatsApp

Due to ethical and legal reasons as well as time constraints, WhatsApp messages/voice notes regarding information about your child are not accepted. WhatsApp will only be used to remind you about your or your child's appointment, and to make or cancel appointments. If you would like to send updates or any feedback regarding your child, please use email. I will also email you if I have any questions or concerns. Alternatively, you can make an appointment for a feedback session. Please note, in the case of an emergency I will always contact you as soon as I can, and if you need to, please WhatsApp me when it is a serious or urgent matter.

### 14. EMERGENCIES

Unfortunately, this practice does not accommodate for emergency sessions as it is not in an emergency set up. I do work with a cancellation list in this regard.

An emergency occurs when you cannot wait for a return call or your next appointment, or when you feel unable to keep yourself safe. If any of these are relevant to you, please go to your nearest local hospital emergency room or out-patient department. Unfortunately, I cannot accommodate for emergency sessions as I do not work in an emergency set up. I do work with a cancellation list in this regard.

<b>Life Westcoast Private Hospital</b>  22 Voortrekker Road Vredenburg Telephone 0227191030	<b>Vredenburg Hospital</b>  123 Voortrekker Road Vredenburg Telephone 0227097200
<b>AKESO Kenilworth Adolescents/Young Adults</b>  16A Heather Street Claremont, Cape Town Telephone 0870980464	<b>Optima@Rustenvrede</b>  Helshoogte Road (R310) Banhoek Valley Kylemore, Stellenbosch Telephone 0218852222

### 15. OTHER RIGHTS

In the case that you are dissatisfied with any aspect of the therapy process, I request that you raise concerns with me in person or over email. I respect your concerns and take them seriously. You may also request a referral to another therapist at any time. Furthermore, you are free to discontinue arranged session/s at a 24-hour notice. In this case, I will not contact you again, but I welcome you to contact me should you decide to resume therapy in the future.

You have the right to considerate, safe and respectful care, without discrimination pertaining to race, ethnicity, colour, gender, sexual orientation, age or religion.

### 16. IMPORTANT INFORMATION FOR PARENTS/LEGAL GUARDIANS

Please note that I do not write reports for forensic, legal or other purposes.

Please do not push your adolescent to tell you what was done, spoken about or explored in our time together. It is their choice what they wish to share or not share with you. Please respect their process.

My intention is to work with you as the parents/legal guardian of your adolescent, not to judge or critique you.

I never talk about the adolescent in front of them.

Please note that I attend supervision to further my own practice, knowledge and growth. No personal information is provided in these sessions.

A child of 12-years and older will be required to sign an Informed Assent document, which is provided by and discussed with them by me. Furthermore, from 12-years old and upwards, I may only disclose information of the session with their permission according to our legislation, unless it is not in their best interest as stated under **CONFIDENTIALITY AND LIMITS OF CONFIDENTIALITY**.

### 17. LEGAL AND ETHICAL INFORMATION

Please take note that in line with the Children's Act 38 of 2005, both biological parents need to give consent for any intervention of their child, as both parents have equal rights and responsibilities. Therapy for a minor child can therefore not take place if both parents have not signed this form.

Initial: \_\_\_\_\_

The Practice is under legal obligation to:

- Report knowledge of sexual abuse or physical abuse to SAPS (Criminal Law Sexual Offence and Related Matters Act 32 of 2007),
- Report suspicions of sexual abuse, physical abuse, and neglect to the designated child protection agency / organisation; and,
- Report to the welfare organisation if Marit Kleynhans on reasonable grounds concludes that the adolescent might be in need of care as described in the Children's Act 38 of 2005.

### 18. INFORMED CONSENT

In knowledge and appreciation of the benefits and risks as made known to me by Marit Kleynhans and as reflected in this **Psychologist Client Service Agreement**, I hereby give consent that my adolescent will participate in therapy.

The signature/s below indicate that I/we have read this Agreement and accept its terms.

---

Signature of parent/legal guardian

---

Name and surname

---

Date

---

Signature of parent/legal guardian

---

Name and surname

---

Date

***Please initial or sign all pages on this document where indicated.***

Initial: \_\_\_\_\_