



REVELATIONS QUEST PSYCHOLOGY

2023/964740/07

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES (GROUP THERAPY)

This document contains important information regarding the professional psychological services offered to you. Please read it carefully and make note of any concerns and/or questions you might have so that they can be discussed and/or answered prior to any commitments or commencement of psychological services. These psychological services, specifically psychotherapy, are offered to you by a qualified Clinical Psychologist, registered with the Health Professions Council of South Africa (HPCSA) and Board of Healthcare Funders (BHF).

PSYCHOTHERAPY

Psychotherapy, often referred to as “talk therapy” or simply “therapy”, involves having one-on-one sessions between a clinician/psychotherapist and client(s) to help treat mental health problems, life challenges, psychological disorders and/or psychiatric disorders. During psychotherapy, one learns about their condition, emotions, thoughts, and behaviours, as well as how to cope with distress. It helps one to take control of their life and respond to challenging situations (e.g. conflict resolution, life changes, abuse, substance use, relationships, etc.) using healthy coping strategies.

The different psychotherapy modalities include:

- Individual Psychotherapy (individual sessions with an adolescent or adult)
- Play Therapy (psychotherapy using play, for children between the age of 3-and-12 years old)
- Couples Therapy (psychotherapy between 2 clients/a couple)
- Family Therapy (sessions with family members simultaneously)
- Group Therapy (sessions with several clients simultaneously)

ONLINE PSYCHOTHERAPY SESSIONS/TELETHERAPY

Online psychological services, particularly virtual/online individual psychotherapy sessions, are offered. This is not the primary or preferred manner of offering psychotherapeutic services, but it is only used when all other options (e.g. ability to meet physically due to distance or timing) have been exhausted or are impossible at the time.

REPORTS

No psycho-legal and/or medico-legal assessments and reports will be provided by the treating psychologist for forensic investigations, legal assessments and evaluation purposes, especially if not stated/requested from the onset of the consultation. In the event that a client requires such a report, he/she will be referred to another psychologist.

CONFIDENTIALITY

All sessions between the clinician and client are strictly confidential. All notes, audio-recordings and/or video-recordings taken by the clinician during sessions shall be kept securely at all times, and not be disclosed to anyone without prior informed written consent by the client, with the exception to certain limitations by law. These limitations include, but are not limited to:

- Harm to self or other(s)
- Child abuse
- Abuse of the elderly or disabled
- Abuse of patients in mental health facilities



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- Sexual exploitation/abuse
- HIV/AIDS infection and possible transmission
- Criminal prosecutions
- Child custody cases
- Lawsuits in which the mental health of the client is an issue
- Situations where the therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn, notify, or disclose.
- Fee disputes between therapist and the client
- A negligence lawsuit brought by the client against the therapist, or the filing of a complaint with the HPCSA

NOTE: Where specific requests are received to disclose information contained in your records, a separate consent form to disclose, detailing the content to be disclosed, will be provided to you.

PSYCHOLOGICAL SERVICES TO MINORS

As alluded to above, psychological services to minors (individuals under the age of 18 years) are offered. When rendering services to individuals younger than the age of 14 years, parents of the minor are to give informed written consent on behalf of the child to receive the psychological services. However, for psychotherapeutic services (i.e. psychotherapy) to be rendered to those 14-years and older, the parents' informed consent is not necessary, as according to the HPCSA.

While privacy and confidentiality in psychotherapy is crucial for the progression of the psychotherapeutic relationship, parental involvement can also be important. For minors of non-consenting age (under the age of 14), parental involvement will be important in giving feedback to parents regarding appointments, general information about treatment, as well as a summary regarding the progress of the client. For minors of consenting age (14 years or older), clinical judgment is used to ascertain the importance or relevance of parental involvement. For instance, in cases where the client's safety is of concern, parental involvement would be important. Nonetheless, in the event where contact with parents is made, the client is to be made aware of it, as well as the content that is to be disclosed, so as to have transparency in the psychotherapeutic relationship.

PSYCHOLOGICAL SERVICES TO COUPLES, GROUPS AND/OR FAMILIES

When psychological services (i.e. psychotherapy) are rendered to more than one client (i.e. couples, groups, families, etc.), it is important to note that the collective is the client. Therefore, the process belongs to all parties, and all clinical records belong to all. This means that written informed consent from all parties is required, particularly to participate in such a process, as well as when disclosure of confidential information is needed.

RISK AND BENEFITS OF PSYCHOLOGICAL SERVICES

Due to psychological services (e.g. psychotherapy, assessments, etc.) exploring some unpleasant/unfamiliar feelings and experiences at times, it can be risky in that regard, because of the accompanied emotional discomfort. However, any risk is minimised by working with a skilled clinician who can be present and implement evidence-based strategies/interventions that are best suited for one's needs.

Psychological services, such as psychotherapy, are often associated with a significant reduction in feelings of distress, increased satisfaction with interpersonal relationships, greater self-awareness and insight, as well as increased skills for managing distress. In psychotherapy with more than one client, increased self-regulation, improved communication, and greater harmony or closeness may be a result. Nonetheless, it is important to note that it is a process and results are not immediate or guaranteed. Great effort and commitment from all parties is vital.

RECORD KEEPING

As according to the HPCSA standards, client records are kept for a period of 6 years from the date of last consultation with the clinician. Thereafter, they are to be safely disposed/destroyed.

APPOINTMENTS, SESSION LENGTH, AND FINANCIAL RESPONSIBILITY

All psychological services are rendered upon appointment only, scheduled timeously. If one needs to cancel, or reschedule an appointment, it ought to be done at least 24 hours before the set date and time.

Cash/Private Rates:

Individual Psychotherapy Sessions (incl. Child/Play Therapy & Teletherapy/Online Sessions) – R1 150.00 p/45-60min/session

Couples Therapy Session (2 individuals) – R1 400.00 p/60-90min/session

Family Therapy Session (3/more individuals) – R1 500.00 p/60-90min/session

Group Therapy Session (Closed/Open Groups) – R450.00 p/individual/60-90min/session

Once the prescribed consultation time surpasses the set time, an additional R150.00 p/15min/session is charged

Medical Aid Scheme Rates:

For those with medical aid scheme memberships, medical aid rates apply.

The client is responsible for paying prior to, or right after, the session via EFT, payment link or POS at the practice. If using medical aid scheme for payment, please do ensure funds are available prior to setting an appointment so that medical aid claims are not delayed. If an appointment is missed without cancellation or the 24-hour notice, the client will be liable to pay 50% of the fee that was to be paid for the session, unless discussed otherwise.

NOTE: Medical aid schemes do NOT provide reimbursement for cancelled sessions. Thus, the client will be responsible for the payment. If the client refuses to make payment for the services, we reserve the right to use an attorney or collection agency to secure payment.

Sessions are typically scheduled once a week or every other week, depending on the needs and presentation of the client. The first 1 – 3 sessions are usually centred around building rapport and trying to gather information about the client(s) and their needs so as to determine the most appropriate approach or course of action. Sessions are typically 45-60 minutes long for individuals, and 60-90 minutes long for couples, families and groups. However, depending on the presentation of the client(s) and/or circumstances, it can be longer or shorter. The client(s) is responsible for coming to session(s) on time. In the event that the client does arrive late, the appointment will still need to end on time.

NOTE: Please note that should the client(s) be at least 15 minutes late without prior/timeous communication, the appointment will be cancelled, and would have to be rescheduled for a more convenient time for all.

PROFESSIONAL RELATIONSHIP

The relationship between the client(s) and clinician is strictly professional. Any other relationship, such as business or personal, may prevent or jeopardise the implementation and/or effectiveness of the psychological services rendered to the client.

TERMINATION OF PSYCHOLOGICAL SERVICES

The client is free to discontinue services at any time. However, it is recommended that one has a closing session to ensure that one understands that psychotherapy or the professional relationship is ending, as well as to provide appropriate feedback and closure to the psychotherapeutic experience.



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TO BE FILLED OUT BY CLIENT(S)

Please fill in the following tables with information that is important for payment(s) and/or medical aid claims.

Details of Person Financially Responsible for Account: <i>By providing the information below, you acknowledge that the individual is aware of such responsibility, and gave you consent to make such information available.</i>	
Names and Surname	
Date of Birth	
ID Number	
Marital Status	
Relation to Client(s)	
Occupation	
Home Language	
Cell Number	
Alternative Number	
Email Address	

Medical Aid Information: <i>By providing this information, you are consenting for the treating psychologist to claim for sessions from your medical aid scheme.</i>	
Medical Aid Scheme	
Main Member (00)	
Relationship to Client (i.e. spouse, child, etc.)	
Membership Plan	
Membership Number	
Dependent Number (i.e. 01, 02, 03, etc.)	
Home Address	

EMERGENCY CONTACT DETAILS

In the event of an emergency, such as when one is a danger (physically or emotionally) to themselves or other(s), the clinician is legally obligated to warn the person in danger, and/or in a position to contact a third party to help mitigate danger to self and/or other(s) (e.g. emergency services, trusted individual/next of kin, authorities, etc.).

Details of Emergency Contact Person: <i>This is a trusted individual that can be contacted in the event of an emergency. By providing this information below, you acknowledge that the individual is aware of such responsibility, and gave you consent to make such information available.</i>		
	<i>Client A</i>	<i>Client B</i>
	_____	_____
Names and Surname		
Date of Birth		
Relationship to Client		
Home Language		
Home Address		
Cell Number		
Alternative Number		



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INFORMED CONSENT FORM FOR GROUP THERAPY

(each group member to fill it in)

Names and Surname : _____
Date of Birth (DOB) : _____
Identity (ID) Number : _____
Contact Details : _____
Group : _____

I, _____, hereby voluntarily consent to:

- Receiving psychological services (including screenings, assessments, psychotherapy, etc.)
- The discussion of my clinical information by a multi-professional team where need be.
All patients'/clients' rights are protected in terms of the regulations set by the Health Professions Council of South Africa (HPCSA).
- Undergo any necessary psychometrics tests and treatment advised and explained to me.
- Reports being obtained by other authorised and appropriate sources (e.g. school, employer, GP, psychiatrist, court of law, etc.).
- A relevant psychological report about me being submitted to institutions as authorised by me.
Please note that no psycho-legal/medico-legal reports will be written/provided by the treating psychologist. If such services are required, the client/patient is encouraged to seek professional help from another psychologist in that regard.

I understand that all communication and all records relating to the provision of the psychological services to me are confidential, but there are limitations to confidentiality as explained to me.

I acknowledge that I had the opportunity to carefully read this document, to ask questions, or communicate concerns arising from it. I further acknowledge that I have read and understand the information contained in this document, and that I give my consent willingly on the _____ day of _____ 20__.

FOR ADOLESCENTS ONLY:

5. Do your parent(s)/guardian(s) know of your quest to receive psychological services? YES | NO
6. If no, please elaborate on reason: _____
7. Are you open to having your parent(s)/guardian(s) know about you to receiving psychological services? YES | NO
8. If no, please elaborate on reason: _____

Client's Signature

Signed at

Treating Clinician's Details/Signature: _____