Stephen Penney
Counselling Psychologist
M.Soc.Sci Counselling Psychology (UKZN)
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CLIENT INTAKE FORM

CLIENT DETAILS

Surname:……..... First Name:……..……..

Date of birth:……..…… Age:…… Identity number:…….....

Address: ……..…… Code……

Cell:…….. E-mail:.....

Emergency Contact Name: …….. Cell:……..……

Preferred payment method Cash □ EFT □ Snap Scan □ Medical aid □

Medical Aid:…….... Medical Aid Nr:……..... Plan/Option:…… Dependent Code: ……

General Practitioner:……..……..... Tel no:……..

Psychiatrist (if applicable):..……..…… Tel no:……

Referral Source: Website □ Referral □ Other □ If referral/other please add details……

CLIENT 2 (IF COUPLE) OR GUARDIAN (IF CHILD)

Surname:……..... First Name:……..……..

Identity number:…….....

Cell:…….. E-mail:.....

THERAPEUTIC PSYCHOLOGICAL SERVICES CONTRACT

Dear Client. Welcome to my practice. This form contains essential information about your psychotherapy. Please read and initial each paragraph to indicate your agreement. If there is something that you don't understand or agree to, please discuss this with me.

- I am entering psychological services voluntarily, and consent to these services.
- I am aware that this is a therapeutic/health service, and not a psycholegal service. If I subpoena the psychologist or folder I will be in breach of this contract.

Rates and payment

- The settlement of your account remains your responsibility. Should the medical aid reject your claim, we will notify you of this rejection and the responsibility of the bill will then fall on you as the client (or parent in the case of minor clients), where you will have 72 hours to settle your account.
- I am aware that missed sessions or sessions cancelled with less than 24 hours' notice will need to be paid in full on the day of the missed/cancelled consultation and that these sessions cannot be claimed from medical aid.
- I am aware that the rates for service are subject to an annual increase in the January of each calendar year.
- I am aware that the sessions are 51-60 minutes unless otherwise agreed with the therapist.
- I consent to the practitioner and his administration staff contacting my medical aid to obtain member information.
- I am aware that EFT payments need to be made and proof of payment received upon receipt of invoice.
- My fees are in line with the recommended rates as per the national health reference price list, which is released annually by the Board of Healthcare Funders (BHF).

Confidentiality

- All information obtained and relating to your psychotherapy will be treated as confidential. By law, however, there are limits to confidentiality. In the event that maintaining confidentiality may result in danger to yourself or others, when the abuse of vulnerable

populations (children, elderly or disabled) is reported or when required by law for medico-legal, forensic, or court purposes, I will report relevant information to the appropriate authorities.

- Sometimes, it is necessary to obtain additional information from other sources (other healthcare professionals, school staff, occupational therapists, speech therapists). I will discuss this with you beforehand to explain the reason for collateral.
- I will release relevant information to qualified professionals and/or third parties as necessary, with your explicit, written consent, unless subpoenaed by a court of law.
- All effort will be made to safeguard your confidential information / records, in accordance with the Protection of Personal Information Act 4 of 2013 (POPIA). As far as possible, I will endeavour to limit the risk of your personal information being exposed through circumstances, such as theft, loss, damage or unauthorised access.
- I hereby consent to the processing of my personal information contemplated in POPIA by Stephen Penney, the practice staff and third parties with whom Stephen Penney has a contractual relationship for the following purposes:
  i. treating and managing me in terms of a health professional-and-patient relationship;
  ii. the administration of the contractual relationship between myself and Stephen Penney;
  iii. communicating with other persons inasmuch as it relates to my treatment and management;
  iv. communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical aid schemes and their administrators where relevant; and
  v. collecting monies outstanding from me
- For detailed information about the security measures taken to protect your personal information, please refer to the "PAIA and POPI manual S Penney" located at https://stephenpenneypsychology.co.za/downloads/
- Medical aid schemes require diagnostic coding (ICD-10 code) in order to pay an invoice. I consent for diagnostic information to be disclosed to my medical aid.

Communication

- I am aware that information may be transmitted electronically via email, SMS or whatsapp.
- Although measures have been taken to safe guard your personal information during electronic transmissions, I am aware that there is a risk of breach of confidentiality inherent in the electronic transmission of information.
- I am aware that online therapy sessions are conducted via Zoom video conferencing software.
- In the event of an after hours' emergency, you should contact your nearest hospital emergency room for assistance.

SIGNATURE: CLIENT 1: …… CLIENT 2: ……..... DATE: ……..