

CONFIDENTIAL
Biographical Information

Name (client)			
Surname			
Date 1st consultation			
ID Number			
Date of Birth		Age	
Contact details <i>(Client/parent/guardian of client if a dependant)</i>	Home Cell Work In case of emergency		
E-mail address			
Residential Address			
Postal Address			
Reason for consultation			
Source of referral	Name		
	Number		
	E-mail		

I have read and understood the terms and conditions of the practice, and agree to abide by them.

Signature **Name** **Date**

For office use

File number	
--------------------	--

CONFIDENTIAL
Biographical Information

TERMS OF THE PRACTICE

- 1.1 Accounts are deemed to have been received five (5) days after despatch and to be correct in all respects unless I notify the Psychologist in writing of any discrepancy or error within a further seven (7) days thereof. I undertake to pay all costs actually incurred by the Psychologist in recovering any amount due including attorney and own client charges, tracing and collection charges and any other costs incurred in proving a claim in the event of death or insolvency.
- 1.2 I acknowledge that I am personally responsible for the account in respect of both myself and my dependants nominated herein and it is my responsibility to submit all claims to my Medical Aid for reimbursement.
- 1.3 I acknowledge that my Medical Aid requires the Psychologist to submit an ICD-10 (International Statistical Classifications of Diseases and Related Health Problems – Version 10 developed by the World Health Organisation for international use in the collection of morbidity and mortality information) diagnostic code in order for my claim to be processed by them. I hereby grant the Psychologist permission to reflect the appropriate ICD-10 diagnostic code on my invoice/statement. I am aware that I have the right to request the use of a non-disclosure code, but that the possibility exists that my Medical Aid may refuse reimbursement based on this.
- 1.4 I acknowledge that all appointments scheduled outside office hours, i.e. before 7h00 and after 19h00 on weekdays and all appointments scheduled over weekends apart from Saturdays between 7h00 and 16h00, will be deemed to be after hours consultations. As such, and in accordance with the National Health Reference Price List for Psychologists, all emergency treatments will be subject the relevant consultation fee plus a 50% after hours fee.
- 1.5 The therapeutic hour consists of fifty (50) minutes therapy time and ten (10) minutes for administrative purposes. In the case of double appointments, the therapy time will be one hundred (100) minutes and twenty (20) minutes for administrative purposes.
- 1.6 The Psychologist shall in her absolute discretion be entitled to appropriate any amounts received from me or my Medical Aid to the payment of any amounts whatsoever due to the Psychologist, and any such amount shall first be deemed appropriate towards interest, costs and other charges before the reduction of capital. The Psychologist shall be entitled to cede any amount due to her to any third party and I waive any requirement of notice thereof.
- 1.7 I choose domicilium citandi et executandi for all notices and processes at the address as given herein. In the event that my telephone facsimile number or e-mail address is indicated I agree that unless the contrary is proven, any notice sent by telephone facsimile or e-mail is deemed to have been received on the day of despatch thereof. It remains the responsibility of the client to advise the Psychologist of any changes in contact details.
- 1.8 Neither the Psychologist nor any of her servants, employees or agents will be liable for any loss, theft or damage however caused whether as a result of my goods being left in and about the Psychologist's rooms or the loss or damage to any motor vehicle. The Psychologist shall under no circumstances be liable for any damages nor any losses as a result of any negligence whatever either as a result of any treatment administered, advice given or from any form of medication or treatment prescribed/recommended to me or any of my dependants. I hereby indemnify and hold the Psychologist harmless against any such claims as may arise here from.
- 1.9 This form contains all the terms and conditions, representations, guarantees and warranties between myself and the Psychologist and any amendment, cancellation or variation hereof shall only be effective once recorded in writing and signed by the Psychologist. No latitude or indulgence granted by the Psychologist shall be binding nor shall the same be deemed or construed to constitute a waiver or novation of the Psychologist's rights. I waive the right to attach any condition of any nature whatsoever to any payment. If a condition is so attached then the Psychologist shall be entitled to accept payment as if no condition had been attached, especially if a payment is purportedly made in full and final settlement. No person employed by the Psychologist will have any authority to vary, in any way, these terms unless so authorised in writing by the Psychologist.

2. LIABILITY

- 2.1 While fully understanding that the Psychologist will try her best to help me resolve my problem or symptoms, I fully understand that there is no guarantee that the treatment will be successful.
- 2.2 I understand that the Psychotherapeutic session might be fully audio- or video taped or both at the discretion of the Psychologist and that these audio- or videotapes will be kept confidential by the Psychologist.
- 2.3 I understand that memory is imperfect and research has shown that there is no guarantee that all information revealed during or after is factually accurate. However, I understand that whatever information is revealed during the sessions will be used entirely and solely for the clients' therapeutic benefit.
- 2.4 I understand that I have the right to terminate treatment whenever I wish should I feel that no or inadequate progress is being made.
- 2.5 If the outcome of the therapy is not what I expected it to be, I hereby agree that I will not have legal cause of action against the Psychologist except in the case of unethical practice.
- 2.6 Permission is also granted by me that the information obtained during a consultation can be used for training, study purposes and publication by the Psychologist, with due regard to protecting the confidentiality of the client.
- 2.7 I hereby grant permission for the Psychologist to use any modality which would be deemed beneficial in the treatment of my problem or symptoms.
- 2.8 I understand that at times treatment may leave me feeling out of sorts. If advised by the Psychologist or her staff not to drive immediately afterwards, I understand that any failure on my part to heed this advice, will result in me being fully responsible for my actions.
- 2.9 **DISCLAIMER:** The Psychologist and her agents and her agents employees do not accept or take any responsibility or liability for the safe custody of, or damages to any vehicle or articles therein, nor for any injuries or loss but not limited to any negligent act of his agents and/or employees due to any collision, fire, theft, rain, hail, or any causes whatsoever. All vehicles are parked in all respects at the risk of the parker/owner thereof and all persons entering these premises do so at their own risk. Right of admission reserved.

3. PUNCTUALITY

I agree to be punctual for scheduled appointments.

4. CANCELLATION FEE

- 4.1 All appointments must be cancelled at least twenty-four (24) hours before the scheduled time otherwise a full appointment will be charged for in full. If a Monday appointment is cancelled it must be done so by 12h00 the preceding Friday.
- 4.2 Should I fail to arrive for any scheduled appointment at the appointed time, I acknowledge that I will be liable for the full fee of that appointment.
- 4.3 I acknowledge that once appointments have been allocated to me, it becomes my responsibility to confirm all appointments in advance.
- 4.4 No-shows and late cancellations (less than twenty-four (24) hours prior to the appointment time or after 12h00 the preceding Friday if my appointment is on a Monday) will be charged for in full, regardless of the reason (no refund will be issued in the case of clients who have settled their account in advance), and all upcoming appointments will be cancelled until payment is received for the outstanding balance.
- 4.5 Should any appointments which have been paid in advance be cancelled at least twenty-four (24) hours in advance, or in the case of a Monday appointment, the preceding Friday by 12h00, the client will receive a full refund for the appointment, or the payment will be carried over to the next booked appointment.