

Client Information Document

Dear Client/s

This document tells you what you can expect from the therapy process and me. It also explains what your responsibilities are. Please read it carefully and initial each page once you are satisfied. It should not take more than 10 minutes. If there is something you do not understand, please discuss it with me.

Therapeutic process:

Therapy usually brings improved functioning and personal growth in the long term. In the short term, however, it may be an unsettling experience, and some temporary emotional distress is possible. This may have a negative influence on your work, as well as your social and personal functioning for a period of time.

Successful therapy may sometimes have negative consequences in the long run. The purpose of therapy is to bring about change. As a result, clients may sometimes feel that they should make changes in their circumstances as well. This may specifically induce you to bring about changes in your relationships with others. Such changes are often not welcomed by those affected and this may lead to interpersonal tension.

The success of therapy is influenced by a number of factors. One of the most important factors is the degree to which clients take responsibility for bringing about change. No therapist can give a guarantee that therapy will be successful.

Confidentiality:

1. I will treat all the private information I collect about you as highly confidential. I will not, subject to what is said in paragraph 2 below, disclose any information about you without your consent.

2. In certain exceptional situations, however, legal or professional rules may force me to disclose information about you. This will include:

2.1 Emergency situations:

In this regard I want you to know that should a situation develop where I believe that there is a real risk that you may harm yourself, another person, or myself, I will be compelled to take the necessary steps to prevent such harm, even if this may entail my breaching my promise to you to keep information confidential.

Initials: _____

2.2 Statutory duty:

A provision in an Act may oblige me to disclose confidential information about you.

2.3 Court orders:

A court may order me to disclose private information. In terms of my professional rules I must, however, endeavour to do everything possible to prevent the disclosure of your private information.

3. That which I have pointed out in paragraphs 1 and 2 above is also applicable in respect of children under the age of 18. I will on a regular basis inform parents or guardians about the therapeutic process and the progress of the client. As a general rule, no information will be given to a parent or guardian about the content of a session without the relevant client's consent. I do, however, reserve the right to inform a parent or guardian if it appears that the relevant child makes him or herself guilty of criminal behaviour, or threatens with, or is involved in behaviour that I consider dangerous or potentially dangerous.
4. Certain Medical Aid Funds require a diagnosis before they will pay a client's account. If you refuse to allow me to furnish the required information, the organisation may refuse to reimburse you.
5. Subject to what is stated about confidentiality, I will not issue a report regarding you without your consent, and until I have given you an opportunity to read the relevant document and discuss it with me.

Telemedicine:

Should there be a need to conduct sessions remotely and/or internationally (Canada and USA excluded) for whatever reason, clients agree to the limitations and risks involved with electronic communication and will use the Zoom application to ensure confidentiality of information. Please note that the recording and transmission of online therapy sessions may risk a breach in privacy and confidentiality of personal information.

Fees:

1. I charge the fees recommended by the Board of Health Funders and according to the National Reference Price List (2021). My rates are currently **R1050.00** normal hours, and **R1260.00** after-hours which is after 17:00 or on Saturday mornings when available. The duration of a session is usually 51 minutes, which allows 9 minutes for writing process notes.

Initials: _____

2. If the person who I will be attending to (the "client") does not accept responsibility for payment of my account, the name and other particulars of the person who does accept responsibility, must be indicated on the form the receptionist handed to you with this document.
3. Should you not be able to keep an appointment you must please cancel it. If you fail to do so more than 24 hours (weekdays) in advance, the person responsible for the payment of the account will be held liable for payment of the full amount for a session.
4. As I work on an appointment basis, I will not be able to exceed the time set aside for a session. Should you be late for a session without making an arrangement timeously, the relevant session will be shorter. The person responsible for the payment of my account will still be liable to pay for the full session.
5. Please note that this is a cash practice, which means that the person responsible for the payment of my account is personally liable for payment of the full account each session and should claim back from their Medical Aid Fund.
6. No relaxation or amendment of these rules will be binding unless recorded in writing.

Termination:

Either you, or I, can terminate therapy at any stage. I will only terminate therapy in consultation with you and in a professionally accountable way.

Further information:

Before we commence the first session, please feel free to ask any questions you may have regarding the information in this document, or any other matter of concern. If at any stage you do not understand what is taking place, please ask me for an explanation. In particular, I want you to tell me if you feel uncomfortable about what is taking place, what I am suggesting, or with any procedure I may use.

Thank you for your consideration,

Brian Blem

PS 0104965

Initials: _____