Counselling Informed Consent Form

The agreement is entered into between the client, _____ and the counsellor, Estelle Cass (Art of Healing Counselling Services).

The purpose of this agreement is to establish the terms and conditions under which counselling services will be provided and to define the roles and responsibilities of both the client and the counsellor in the counselling relationship.

Client's Rights & Responsibilities

1.The client has the right to ask questions, provide feedback, and participate actively in the counselling process.

2.The client has the right to be treated with respect, dignity, and cultural sensitivity.

3.The client agrees to attend scheduled counselling sessions promptly and to inform the counsellor in advance if they are unable to attend or need to reschedule. 24- hours advance notice is to be given. Showing up late *will not* be afforded the full allocated time, but the time left as to not inconvenience the next client.

4. The client agrees to the fee of R290 per session and acknowledges that sessions not cancelled timeously (within 24 hours) will incur the full cost of the session.

5.Clients will only be allowed 15 minutes “grace” period, after which the counsellor will terminate, and the client will have to reschedule.

6. Clients must ensure that they are in a private place during the session. The session will be terminated if there are any disruptions, and the client will have to reschedule.

7. Clients must ensure that they have stable internet and check load-shedding schedules before booking appointments.

Counsellor’s Rights & Responsibilities

1.The counsellor agrees to provide competent and ethical counselling services, adhering to the appropriate code of ethics and standards of the counselling profession.

2.The counsellor will respect the client’s autonomy and self-determination, providing a non-judgemental and supportive environment conducive to the client’s personal growth and well-being.

3.The counsellor has the right to refuse to consult if the client has taken any kind of psychoactive drugs or alcohol before the appointment.

4.If the counsellor feels threatened in any way by the client, the counsellor has a right to terminate the session and get help.

Cost

1.This service is *not contracted out to medical aid* and therefore cash payments are to be made. The cost is R290 per session.

Discounts

a) Four sessions paid upfront: R1080.00
b) Students (produce a student card): R 190.00 (45 mins.)

2. Payments are made in advance- *NB. No sessions will be held if payments have not been made* and sessions not cancelled or rescheduled within 24 hours will incur the full cost.

3. Payments **must be immediate**, and proof for EFT payments are to be emailed to info@artofhealing.co.za or sent via WhatsApp on 069806 6161

4. Every new client must pay an initial once-off admin fee of R100 to open a file. This must be made with the first payment.

5. Strictly no credit permitted.

Confidentiality

Within limits provided for by law, all records and information acquired by the counsellor shall be kept strictly confidential. All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client. However, there are exceptions where the counsellor is legally and ethically bound to breach confidentiality if there is a situation where the client discloses in the session that they are inflicting physical, sexual, and or psychological abuse of minors, the elderly, persons with disabilities, at risk of self- harm or may inflict harm on others. The counsellor will in such instances disclose this information to the counselling supervisor who will advise on the appropriate steps to be taken which may and could include reporting to the police services and child welfare services.

The client agrees to respect the privacy and confidentiality of the counsellor and other clients, refraining from sharing any identifying or sensitive information about other individuals during the counselling process.

Consultation

Anonymous supervision will be carried out with the counsellor's supervisor to ensure ethical and sound counselling practices are adhered to, as well as reporting clients at risk of harming themselves or causing harm to others.

Scope of services

The counsellor agrees to provide individual counselling services to the client, which may be limited to individual counselling. The specific goals, frequency and duration of the counselling sessions will be discussed and mutually agreed upon by both parties.

Referrals

If the client has a particular concern needing a specialized treatment approach (e.g. family therapy, sex therapy, alcohol or drug problems, suicide ideation etc.), the counsellor will recommend the client to a General Practioner and/ or specialist in the field. If for some unforeseen reasons the counsellor is unable to continue counselling the client, the counsellor will liase with the supervisor and with the client's consent find another counsellor or advise the client to find their own.

Termination

Either party may terminate this Agreement at any time. In the event of termination, the counsellor will make reasonable efforts to ensure continuity of care for the client by providing appropriate referrals. If the client requires specialised treatment, termination will apply, when the client is ready, they may return to counselling.

Limitations

The client acknowledges that counselling is not a guaranteed solution to their problems, and that the counsellor *does not* guarantee any specific outcomes. The client acknowledges that the counsellor is *not liable* for any decisions or actions taken by the client because of the counselling sessions.

Disclaimer

Please be advised that I am not a psychologist, psychiatrist, or a registered counsellor under the HPCSA. Instead, I am a wellness counsellor registered with the ASCHP. My services as a wellness counsellor encompass counselling, providing support, guidance, skills training, and psychoeducation to assist clients in managing their life situations. It's important to note that I do not make any diagnoses. Should any concerns arise that fall outside my scope of practice, I will refer clients to the relevant professionals or organizations who can offer appropriate assistance.

I trust that these guidelines will address any concerns and help to maintain the integrity of the profession through ethical marketing practices.

Acknowledgement

I have read, understood, and agree to the terms and conditions of this client/counsellor contract and give my consent to counselling services.

I likewise understand my client's rights set in this form.

I, the undersigned, understand and acknowledge that the person I am about to see is the sole owner of Art of Healing Counselling Services who works under supervision.

Client signature: _____Date: _____

Counsellor signature: 