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INFORMED CONSENT FORM\PROFESSIONAL AGREEMENT

I _____ (name of client) hereby give permission to the therapist\Clinical Psychologist to interview, assess and treat myself according to the guidelines\terms mentioned below:

These services, which upon request will be explained to me, may include individual, group, play, marital\couples and family therapy\counselling, consultation and psychological testing\assessment or Forensic\medico-legal consultation\assessment\evaluation. I realise that psychology is an imperfect science and that a particular benefit or outcome cannot be guaranteed. I understand that in order to achieve the best results, I may need to confront troubling feelings and that I may feel worse before I start to feel better. I am seeking this treatment of my own accord and am free to discontinue therapy\these services at any time and ask for a referral.

Furthermore, I understand and agree to the following terms:

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- I have the right to confidential treatment and confidentiality will be maintained and information regarding my communication(s) with the therapist\Clinical Psychologist, treatment and management will be released only to qualified professionals that I have explicitly advised the therapist\Clinical Psychologist to release this information to. However, confidentiality can and will be broken in certain situations where maintaining confidentiality would result in clear and imminent danger to myself or others or as otherwise provided by law. Furthermore, I understand that confidentiality cannot be ensured with regards to Forensic and Medico-Legal assessments\consultations\evaluations,
 - The therapist\Clinical Psychologist is required by law to report to the appropriate authorities any suspected child abuse, elder abuse or abuse of people with disabilities. When a threat of bodily harm to others or myself is present, the therapist\Clinical Psychologist may break the confidentiality of communications. I understand that the therapist\Clinical Psychologist will make reasonable efforts to resolve these situations before breaking confidentiality,
 - Sessions may be audiotaped or videotaped and may be used in supervision or to record client progress. All materials concerning clients are confidential and every effort to maintain confidentiality is assured. Furthermore, I also understand that no demographic data is used,
 - Information obtained in sessions may be used for research purposes, presented anonymously at professional meetings and/or published in journals/textbooks. At no time will any identifying information regarding the client be used and every effort to maintain confidentiality is assured,

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- I understand that if I choose to communicate with my therapist\Clinical Psychologist via email, that email is not completely confidential, due to hackers and system administrators. Your therapist\Clinical Psychologist will, however, do her best to ensure the confidentiality of your communication and her email is password protected. Please allow 72 hours for your therapist\Clinical Psychologist to respond to your email. If you still have not heard from your therapist\Clinical Psychologist please resend your email as it is possible that it was not received. If the matter is urgent then please contact your therapist\Clinical Psychologist telephonically,
 - My therapist\Clinical Psychologist does not accept friend invitations from clients on personal social networking sites such as Facebook. Please feel free to discuss this further with her in therapy,
 - My therapist\Clinical Psychologist is required, according to the Ethical Code of Conduct governing the Profession, (the HPCSA) to keep brief records (that are maintained in a secure place) concerning our interactions\communications. These records also include interventions used during the sessions and topics discussed. You may request a copy of your file in writing, provided that this does not cause you harm, giving your therapist\Clinical Psychologist a reasonable amount of time to make the copy and at a reasonable cost (not claimable from medical aids), which will be discussed with you,
 - The consultation fee is payable at the end of each session. Although your therapist\Clinical Psychologist does make every effort to claim from your medical aid, the account still remains your responsibility until settled in full by your medical aid,
 - I understand that therapy is the agreed upon amount, as discussed with my therapist\Clinical Psychologist, which I remain responsible for, as well as all legal costs resulting from legal action\debt collection against me for not settling my account on a client-attorney scale. I also understand that if my account is more than 60 days overdue, I will be charged interest, at a fair rate, according to the relevant legislature,
 - If my therapist\Clinical Psychologist spends more than 10 minutes a week responding to phone calls or emails with regards to my care, treatment or management, I will be billed accordingly for this time,
 - I furthermore understand that if my appointment is not cancelled 24 hours in advance, I will be held liable for the full consultation fee,
 - My therapist\Clinical Psychologist has my permission to release my ICD-10 code (International Statistical Classification of Disease and Health problems code) to medical aids\third parties in order to receive payment and further treatment for myself.
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I have read and fully understand the contents of this Informed Consent Form\Professional Agreement and also understand that my therapist\Clinical Psychologist will answer any of my questions\concerns about the form and further discuss them with me before I am required to sign this form.

Client Signature

Date