

**Informed Consent and Practice Agreement**

**Counselling Psychologist: Dr Lize Wolfaardt (Naudé)**
MA (Psych); D.litt et Phil (Psych)
Practice No: 8633037 • HPCSA Reg. No: PS 005 1802
258 Weltevreden Road, Northcliff, Johannesburg 2195
Tel: 011 476 6410 • Cell: 084 509 7777
Email:  • [www.healingthemind.co.za](http://www.healingthemind.co.za/)

1. **Welcome**

Thank you for considering therapeutic intervention with me. Starting therapy is an important step, and it’s natural to want to know what to expect. This document explains how I work, what your rights are, and what responsibilities we share. It is both a consent form and a guide to help us begin our work together with clarity and mutual respect.

Please read it carefully and feel free to ask me about anything that’s unclear before you sign.

1. **Patient Information**

Name and Surname: **Medical aid details**

Date of birth: Name of medical aid:

Cell number: Medical aid number:

E-mail address: Name of main member:

Occupation: Main member ID:

Physical address: Patient ID: Emergency Contact number:

1. **Your Right to Informed Consent**

You have the right to clear and honest information before we begin. I will always explain:

* What counselling involves, including the methods and approaches we may use.
* The possible benefits, challenges, and limitations of therapy.
* The length and frequency of sessions, and how we will evaluate progress.
* Your options, including choosing not to continue at any time.
* That no outcome can be guaranteed – counselling is a process we work on together.

You are free to withdraw your consent or stop therapy whenever you choose, without penalty.

1. **Methods and approaches**

Every client’s presenting concern is addressed in a personalized and tailored manner, according to their unique needs. Dr Lize Wolfaardt (Naude) is skilled in various therapies and approaches, including, but not limited to Hypnotherapy, Eye-Movement Integration, Brain Working Recursive Therapy, Somatic Experiencing, etc. After the initial consultation, the specific therapeutic approach best suited to your needs will be discussed with you. You will not be subjected to any technique or method unless it has been fully explained to you. Your understanding and informed consent will always be obtained prior to the use of any therapeutic intervention. You retain the right to ask questions at any stage and to decline any method with which you are uncomfortable without prejudice to your ongoing care.

1. **Risks and benefits to therapy**
* Therapy is a relationship between a therapist and a client that works partially because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities which you need to understand. There are also legal limitations to those rights that you should be aware of.
* Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anger, frustration, loneliness and helplessness, because the therapeutic process often requires discussing the unpleasant aspects of life.
* Possible benefits of therapy include a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees with regards to the outcome of therapy; it does require a consistent effort on your part.
1. **Confidentiality and Privacy**

Everything you share with me is treated with the highest level of confidentiality. Your information will not be shared without your written permission, except in situations where I am legally required to act, such as:

* If you are at serious risk of harming yourself or others.
* If I learn of abuse or neglect of a child, elder, or vulnerable person.
* If I receive a court order requiring disclosure.

Sometimes I may consult with trusted colleagues for professional guidance. If I do, I will share only what is necessary, and your identity will remain protected.

Your records are stored securely in line with the Health Professions Council of South Africa (HPCSA) guidelines.

1. **Working with Children and Adolescents**
* The adolescent/minor child informed consent is a separate document that both parents need to complete and sign.
* Parents/guardians of minor children and adolescents (under age of 18 years) need to sign this consent form.
* Confidentiality in therapy is crucial, parental involvement is however essential. It is my policy to not provide treatment to a child under age 14 unless he/she agrees that I can share information I consider necessary with the parents (in the best interest of the child).
* Pertaining to children above age 14, I request an agreement between myself, the client and the parents allowing me to share general information about treatment progress and attendance. All other communication will require the child’s agreement, unless I feel there is a safety concern, in which case every effort will be made to notify the child of my intention to disclose information ahead of time.

**8. Boundaries and Professional Relationship**

A healthy therapeutic relationship is built on trust, professionalism, and respect. For that reason:

* Our contact will be limited to agreed-upon methods (sessions, calls for appointments, or email for administrative matters).
* I cannot accept social invitations or dual relationships that may blur professional boundaries.
* If a conflict of interest arises, I will discuss this with you and may refer you to another professional if necessary.

**9. Disclosure of Information**

I understand and acknowledge that:

* If information needs to be disclosed to a third party, Dr Lize Wolfaardt (Naude) will ask for my written consent, by asking me to complete a waiver of confidentiality form.
* The use and disclosure of my personal and medical information to any relevant health practitioner as Dr Lize Wolfaardt (Naude) sees fit is reasonable and expected.
* A copy of my medical record will be maintained by Dr Lize Wolfaardt (Naude) as required by the HPCSA (Health Professions Council of South Africa).
* The processing, use and storage of my information will be at the discretion of Dr Lize Wolfaardt (Naude) as may be necessary in the practice.
* Dr Lize Wolfaardt (Naude) may disclose information to my medical aid (such as ICD-10 codes on invoices and payment arrangements).
* Confidentiality may be broken only in certain circumstances such as imminent danger to the patient or others, abuse reporting requirements, or as required by law.

**10. Fees and Payment**

* Fees for 2025: First consultation (90 minutes) – R 2250

Subsequent sessions (60 minutes) – R1500

* Fees change on a yearly basis.
* Payment is due directly after each session, unless we have agreed otherwise.
* If you are claiming from a medical aid, it is your responsibility to confirm whether psychological services are covered under your plan. I can provide invoices with the necessary information for submission.
* Be aware that medical aid companies require you to authorize me to provide them with a diagnosis. Although all medical aid companies claim to keep such information confidential, I have no control over what they do with it once they have it. By signing this agreement, you agree that I can provide information to your medical aid. You will also sign a waiver of confidentiality for any documentation I complete for your medical aid. You do have the right to pay for my services yourself to avoid the problem as described above.
* Should payment fall behind, I will first discuss this with you before any further steps are taken.
* Banking Details:
Dr Lize Wolfaardt

Bank: FNB

Account number: 62646735384

Branch code: 250655

**11. Consultation Times and Days, Holiday/ Public Holidays**

* Duration of sessions:

First Consultation – 90 minutes

Subsequent sessions – 60 minutes

* I am not available on Saturdays, Sundays or Public holidays.
* All clients will be informed timeously on me taking leave. Kindly respect my boundaries and do not send emails/voice messages/ WhatsApp messages.
* My vacation response will be turned on when I am on leave. All correspondence will be responded to once I return to work.

**12. Appointments and Cancellation of Appointments**

* Appointments will be once per week/every second week at a time we agree on. Should you be late, your appointment will still end on the scheduled time, and you will be liable for the full hourly fee. If I’m delayed, you will remain entitled to the full duration of your scheduled session. Where this is not possible, an alternative arrangement will be made to ensure that the time owed is honoured.
* Your time is reserved especially for you. If you cannot attend, please let me know at least **24 hours in advance**. Late cancellations or missed sessions may be billed at the full session fee. You will not be able to claim this session from medical aid and will need to settle the amount personally before your next session. If it is possible, I will try to find another time to reschedule the appointment. Repeated cancellations or non-attendance may require us to reconsider the therapy arrangement.
* You will be reminded of appointments by SMS, WhatsApp or telephonically. This is a courtesy, and scheduled appointment remain your responsibility.

**13. Telepsychology (Online or Telephone Sessions)**

Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, emails, telephone conversations and/or education using interactive audio, video or data communications. It involves the communication of medical or mental health information both orally and/or visually. It has the same purpose as psychotherapy conducted in person but may be experienced slightly differently due to the nature of technology. Online or telephone sessions can be arranged if needed. While this can be convenient, please note:

* There may be technical difficulties or interruptions.
* Some aspects of therapy, like non-verbal cues, are harder to pick up remotely.
* Please ensure you are in a private, quiet space where you feel safe to talk.
* I will do my part to ensure confidentiality, but you are responsible for securing your own environment during online sessions.
* As in the case of face-to-face therapy, you have the right to withdraw consent for teletherapy at any time without affecting your right to future care or treatment.
* The HPCSA regulations that protect the confidentiality of information also apply to teletherapy. All information shared by you during teletherapy consultations will remain confidential, adhering to the confidentiality agreement outlined herein.
* There are certain risks and consequences of participating in teletherapy, including but not limited to, the possibility, despite the best efforts to ensure high encryption and secure technology on the part of Dr Lize Wolfaardt, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. There is also a risk that services could be disrupted or distorted by unforeseen technical problems.
* In addition, teletherapy based services and care may not be as complete as face-to-face services.
* You may benefit from teletherapy, but results cannot be guaranteed or assured.
* Teletherapy does not provide emergency services. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, Dr Lize Wolfaardt will recommend more appropriate services.
* Be aware that there is a risk of being overheard by anyone near you if you are not in a private room while participating in teletherapy.
* You are responsible for providing the necessary computer, telecommunications equipment, and internet access for your teletherapy sessions, as well as arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your teletherapy session. Dr Lize Wolfaardt will do the same on her end.

**14. Emergencies**

Please note that my practice is not equipped to deal with psychological emergencies. If you are ever in crisis or feel unsafe, please call emergency services (10111 or 112 from a mobile), go to the nearest hospital emergency room, or contact a crisis line. You may also inform me afterwards so that we can process what happened in our next session.

**15. Refusal or Termination of Treatment**

* Lize Wolfaardt reserves the right to refuse or terminate treatment for any patient based on substantial reasons that may arise over the course of care.
* Abusive behaviour - whether physical, emotional or verbal – toward Dr Lize Wolfaardt or any member of staff of LW Psych Inc is not tolerated in any form (including but not limited to in-person; over the phone or electronically) and will result in refusal or termination of treatment.
* A strong professional relationship is built on trust and essential for effective therapeutic intervention. A breach of trust, in any form, may result in refusal or termination of care.
* Any form of threat – both implicit and implied – toward Dr Lize Wolfaardt or the staff of LW Psych Inc will result in the immediate termination of care.

Repeated cancellation, late arrival or non-arrival for appointments may result in termination of care. Cancellation fee details can be referenced above.

* In the event of a conflict of interest, whether personal or professional, Dr Lize Wolfaardt may choose to refuse or terminate treatment.
* Any parent; guardian; spouse; grandparent; child or other representatives of the patient will be held to the standards outlined. Should such persons engage in any of the outlined behaviours, a decision to refuse care or terminate treatment may be implemented.
* Failure to pay for services rendered or failure to make a reasonable payment plan with Dr Lize Wolfaardt can be addressed with the patient / debtor. Should such discussions dissolve or an agreement cannot be reached, refusal or termination of treatment may be implemented.
* Dr Lize Wolfaardt may refer a patient to an alternative psychologist should the need arise. However, no guarantee can be provided that the referred psychologist will accept the patient, nor can a guarantee be made regarding timely service. LW Psych Inc will make a reasonable effort to ensure continuity of care – however it remains the patient’s responsibility to maintain their treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. POPIA ACT**

POPIA is the Protection of Information Act. The purpose of this legislation is to promote a culture of transparency, accountability and good governance both in the public and private sectors. POPIA form must be signed prior to your initial appointment with Dr Lize Wolfaardt. A POPIA form will also need to be completed and signed should you wish to transfer to another psychologist.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**17. Your Rights**

You have the right to:

* Ask questions at any time.
* A clear explanation of the services provided.
* Confidential and respectful care.
* Stop therapy or request referral to another professional.
* Seek a second opinion whenever you wish.

**18. Agreement**

By signing this form, you confirm that:

* You understand what therapeutic intervention/counselling involves.
* You know your rights and responsibilities.
* You give your consent for Dr Lize Wolfaardt (Naudé) of LWPsych Inc. to provide psychological services.

This agreement is voluntary, but binding. It can however be terminated at any time.

**Client Details**

**Full Name:** ...............................................................
**Date:** ...............................................................
**Signature:** .........................................................