## Client’s details

|  |  |
| --- | --- |
| **Client’s Full Name:** |  |
| **Date of Birth & Age**: |  |
| **ID number:** |  |
| **Gender:** |  |
| **Contact Number(s):** | **Cell: Home:** |
| **E-mail Address:** |  |
| **Home Address:** |  |
| **Occupation & Company:** |  |
| **Medical practitioner (Known to you & close to your location)** | **Name of doctor:**  **Contact number:** |
| **In case of emergency (Family or friend close to your location)** | **Name: Relationship:**  **Contact number:** |
|  | **Name: Relationship:**  **Contact number:** |

## Person responsible for Account / Ignore if same as above

|  |  |
| --- | --- |
| **Full name:** |  |
| **ID number:** |  |
| **Postal Address:** |  |
| **Occupation & Company:** |  |
| **E-mail Address:** |  |
| **Contact Number(s):** | **Home:**  **Cell:** |

## Medical Aid Details

## (Please be aware that you are required to enquire with your medical aid if they will cover online sessions)

|  |  |
| --- | --- |
| **Medical Scheme** |  |
| **Medical Aid No** |  |
| **Plan** |  |
| **Main Member / Dependent and dependent code** |  |
| **Relationship to main member** |  |

## Client Informed Consent

1. Therapist/client confidentiality will be respected at all times. However, there is a duty to report the following: (a) threat of harm to self (b) threat of the harm to a third party.
2. Records of all sessions are kept in the form of notes for clinical and ethical purposes.
3. ***Session duration and fees:*** Private paying clients: Sessions are charged at R600 for a 45 minute session which is payable by EFT before commencement of therapy session. Proof of payment must be sent to [petro@drpetroerasmus.co.za](mailto:petro@drpetroerasmus.co.za).

**Please Note: Appointments not cancelled at least 24 hours in advance will be charged at the full rate.**

*If the account is not settled, the client will be liable for the account as well as all legal and debt collection costs involved. The client or person responsible for the account is responsible for any liaison with medical aids.*

1. Please note that Dr Erasmus does not provide e.g reports for court cases, custody matters, work and/or disability related disputes.
2. **Online Therapy**: It is the duty of the client to ensure they have a safe and secure space for the session to take place and the clinician cannot guarantee 100% confidentiality when using internet technologies. Please see attached addendum for further information around online therapy before consenting below.

* I confirm that the above and the addendum attached have been explained and understood.
* I understand the risks associated with engaging in online therapy. I agree to participate in online therapy and comply with the policies outlined.
* The information I have given is to the best of my knowledge, true and correct and the practitioner will not be held liable for any medical conditions arising from my failure to disclose information.
* I agree to become a client of Dr Petro Erasmus and understand the conditions stated.

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*Signature of Client Signature of Therapist*

*Date: Date:*

## Addendum: Online Therapy

Thank you for your interest in engaging with online therapy. The following sheet provides information about online therapy which will allow you to decide whether you want to consent to therapy using this medium. Please feel free to ask any questions if you need clarification.

**What is online therapy and what are its limitations?**

Online therapy is a convenient alternative to traditional face-to-face therapy and has been shown to be effective in helping with many difficulties. For online therapy, our communication method will change to an online platform such as Zoom for therapy sessions. *Limitations*: There is a lack of “personal” face-to-face interaction which can make therapy less of a relational experience. It is also not an appropriate medium if you are seriously depressed, have serious substance dependence, or you are experiencing intense suicidal or homicidal thoughts. Seeing a mental health professional face-to-face is highly recommended in these situations.

**Technological requirements and competences**

To engage in online therapy, you will require a device that can connect to the internet and be able to install and use the software that we agree to use for communication. A reliable high-speed internet connection is also required. Please be aware that online therapy may utilize significant amounts of data, especially if video is used.

**Security measures and confidentiality**

Online therapy utilizes the Internet for the transmission of personal information and therefore there are increased risks to confidentiality and it cannot be guaranteed. Your practitioner commits to providing the same protection of notes and records as with face-to-face sessions. To protect your confidentiality, your practitioner will require that we use services that provide encryption to communicate. Please consider password protecting the devices you use and installing antivirus software to prevent access by third parties. Please ensure that you use a private environment when engaging in online therapy so that intrusions can be minimized. Your practitioner will do their utmost to protect your privacy and security by using password protected devices and data encryption. Please be aware that unfortunately security breaches are possible, and in such an event we need to communicate this immediately and prevent further breach.

**Practice Communication**

Please be aware that Receptionist Name is our practice manager/receptionist at Practice Name and will have access to your contact information in order to do her work, as she would in face-to-face sessions. She has signed a confidentiality agreement and commits to the same care for your confidentiality. She will communicate via the reception contact details around intake forms, medical aid information and scheduling of appointments. She will not have access to any records relating to the therapy process.

**Case management and emergency care plan**

I consent that my practitioner may contact appropriate third parties for the interest of my care and my practitioner commits to notify their intent to do this, as far as reasonably possible. I am aware that it can be difficult to deal with emergency and crisis situations when using online therapy as we are often in separate locations. As such, I agree that in the case of an emergency where there is a threat of harm that the persons I have listed near my location can be contacted: I commit to working collaboratively with my practitioner to devise an emergency care and safety plan to protect my wellbeing.

**What is the process from here?**

You will need to: Set up Zoom, <https://zoom.us/> and Complete the **online screening form** <https://drive.google.com/open?id=1kuAJBdJkPVDe_T4NJtYqfJZBiUtmUKO3>. Should we proceed, please be aware that this process will begin as an initial assessment to assist with relevant treatment planning or recommendations. It is then your practitioner’s duty to make a professional and clinical decision whether this is a process that is safe and ethical to continue online or if we should need to continue face-to-face. If it is not possible to continue, your practitioner will provide you with referrals for better suited practitioners should we not be able to proceed on this platform.