

Zahraa Surtee- Registered Counsellor
HPCSA Registration Number: PRC0035599
BHF Number: 081 5241
Contact: 071 898 0190
Email: info@mindspacecounselling.co.za

CONSENT FORM FOR COUNSELLING

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

Confidentiality

Any information provided to me will remain confidential and will not be given to a third party unless you give me specific permission to release the information. However please be aware that if there is a significant risk of you seriously harming yourself or another person I am obliged to act to prevent harm, which may involve giving information to a third party.

Online therapy utilizes the Internet for the transmission of personal information and therefore there are increased risks to confidentiality and it cannot be guaranteed. To protect your confidentiality, I will require that we use services that provide encryption to communicate (Zoom). 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 space when engaging in online therapy so that intrusions can be minimised.

Crisis management

It can be difficult to deal with emergency crisis situations when using online therapy as we are often in separate locations. I will therefore ask you to provide the contact details of a local family member/friend as well as a local medical practitioner who can be contacted in the case of an emergency. If you are in crisis and there is a disruption while we are engaging in online therapy, then you should immediately phone me.

Legal recourse

I am registered as a Registered Counsellor (Registration No: PRC 0035599) with the Health Professions Council of South Africa (HPCSA) and my professional behaviour is governed by this regulatory body.

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Please note that if you are not located in South Africa then any legal recourse will only be available in South Africa. You can verify my registration with the HPCSA at the following link:
<http://isystems.hpcsa.co.za/register/>

Fees

R650 for a 51-60minute session

R720 for a 61-70minute session

Please note that payment must be made in full. You will be emailed an invoice after our session to submit to your medical aid, in order for them to reimburse you.

Consent

1. I have read the above and understand the risks associated with engaging in therapy. I agree to participate in therapy and comply with the policies outlined above.

2. I confirm that the following identifying details are correct:

First name: _____ Surname: _____

Date of Birth: _____

ID Number: _____

Occupation: _____

Cell: _____

Email: _____

Residential Address: _____

3. I agree that in the case of an emergency where there is a threat of harm that the following persons can be contacted:

Family/Friend Name: _____

Telephone Number: _____

Medical Practitioner: _____

Telephone Number: _____

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4. Will you be claiming back from your Medical Aid? YES
NO

If yes, please complete the following:

Medical Aid: _____

Medical Aid Plan: _____

Medical Aid Number: _____

Main Member: _____

Dependents: _____

5. How did you find out about us? Social Media
 Referred by Doctor - **Indicate Who:** _____
 Friend/Family member

Client Signature: _____ **Date:** _____

Place: _____

Presenting Concerns:

Is this your first time receiving counselling? _____

Have you ever been diagnosed with a Psychiatric condition before? Please elaborate:

Please indicate why you are seeking Counselling & what you hope to get out of our sessions together:

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Please tick all symptoms which you are currently experiencing:

Emotional:

- Feelings of sadness
- Overwhelm
- Anxiety
- Hopelessness
- Grief
- Guilt
- Shame
- Anger
- Confusion
- Difficulty concentrating
- Loss of interest in previously enjoyed activities
- Emotional Dysregulation
- Trauma
- Self-worth issues
- Self-doubt
- Feelings/Thoughts of suicidality
- Difficulty in relationships (specify with who): _____

Other: _____

Physical:

- Difficulty sleeping
- Loss of energy/Lethargy
- Gut issues (constipation, IBS, etc.)
- Overeating/Undereating

Other: _____

Spiritual:

- A loss of purpose/sense of meaning
- Feelings of existentialism

Other: _____

THANK YOU FOR TAKING THE TIME OUT TO COMPLETE THIS FORM

Please email it to: info@mindspacecounselling.co.za