



Renier Swart

Bachelors of Psychology (B.Psych)

Registered Counsellor

Practice Number: 0936812

HPCSA: PRC 0028738

071 172 2014

Info@rscounselling.co.za

PATIENT INFORMATION:

Name: _____ Surname: _____

Date of Birth: _____ I.D. No.: _____

Address: _____

Postal Address (tick box if same as home address) : _____

Contact No. Home: _____ Mobile: _____

E-mail Address: _____

EMERGENCY / NEXT OF KIN:

Name & Surname: _____

Contact Number: _____ Email: _____

Relationship: _____

BILLING AND PAYMENT

Please note payments must be made within 48hrs of receiving invoice. I provide an invoice that is used to claim.

Name of Scheme: _____ Option/Policy Name: _____

Main Member ID: _____ Main Member Name: _____

Dependent Name: _____ Dependent I.D: _____

Member Number: _____

PERSON RESPONSIBLE FOR ACCOUNT *Tick this box if same as patient information*

Name & Surname: _____

Contact Number: _____ Email: _____

ID No.: _____ Relationship _____

CONFIDENTIALITY

Content of all counselling sessions are kept private and confidential. As a registered counsellor (HPCSA), I protect the confidentiality of all the communications with my patients. Both verbal information and written records about a patient cannot be shared with another party without the consent of the patient or the patient's legal guardian. I will only release information about our work to others with your written consent, or if I am required to do so by a judge.

There are some situations where I am legally obligated to breach our confidentiality in order to protect yourself or others from harm, including (1) if I have information that indicates that a child, elderly or disabled person is being abused, I must report that the relevant agency and (2) if a patient is an imminent risk to him/herself (suicidal) or makes threats of imminent violence against another person, I am required to take protective action. **"Emergency / Next of Kin" will be used as the next point of communication for protective action.** These situations rarely occur, but if such a situation does occur, I will make every reasonable effort to discuss it with you before taking any action.

Should you choose to communicate with me through email or text, please be aware that these mediums are not completely confidential due to hackers and system administrators. I will however do my best to ensure the confidentiality of your communications.

If I am unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Please note that I do not accept friend invitations from patients on personal social networking sites. Please note that WhatsApp communication is limited to setting up of appointments only and not as a means to communicate therapeutically.

Should you have any further questions, it is important to raise any questions or concerns you may have during our next session. Alternatively, you can contact me.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature:

Date:

Person responsible for account:

Date:

I RS Counselling
BANK: Standard Bank
BRANCH: 000410
ACCOUNT: Current
ACCOUNT NO: 10218293109

Please send proof of payment to info@rscounselling.co.za and use your surname as reference.