

Farhana Goga:

Counselling Psychologist

Pr Number: 0218197

Confidential Client Information and contract

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| <i>Name</i> | |
| <i>Surname</i> | |
| <i>Identity Number</i> | |
| <i>Occupation/Profession/Employer</i> | |
| <i>Date of Birth</i> | |
| <i>Postal Address and code</i> | |
| <i>Contact Numbers</i> <i>Home</i> <i>Work</i> <i>Cell</i> <i>Email address/s</i> | |
| <i>Medical Aid details:</i> <i>Name of Medical Aid:</i> <i>Membership number:</i> <i>Main Member:</i> | |
| <i>Name, relationship and contact number of person in case of Emergency</i> | |
| <i>How did you hear about me?/Referral Source</i> | |

PLEASE NOTE and READ CAREFULLY: Practise information:

Confidentiality

By law, psychological services are confidential. I need your permission to discuss your case with anyone else. However, there are some limits to confidentiality: I may be required to discuss your case without your permission under some exceptional circumstances. Such circumstances include, but are not limited to:

- being ordered to disclose information in a court of law
- emergency situations which might place you or others in danger
- mental health emergencies requiring urgent intervention
- circumstances which psychologists are required to report by law (eg. evidence of child abuse or fraud)
- circumstances where you have given your psychologist consent to release information to specific persons for specific purposes
- supervision with other psychologists

Fees

My fees are in keeping with medical aid rates. My fees vary based on the duration and type of session. My rates increase on an annual basis. Please consult my booking website:

www.timecenter.com/farhanagogapsychologist/ for detailed information.

This practise is contracted out of medical schemes. Please pay your account directly to the practice before your session or in the working week of your session and submit the statement to your medical aid.

Undertaking:

I _____ undertake to pay before each session via EFT, or on the day via Snapscan unless special arrangement has been made with the Psychologist. Should any account be outstanding I undertake to pay legal costs relating to the recovery of outstanding monies in respect of professional services rendered including attorney/client fees, collection commission and tracing costs. I undertake to inform the practise of my change of address. I allow you to disclose the ICD10 diagnosis code to my Medical Aid necessary for reimbursement.

I understand that cancelled appointments will be charged the full rate and regardless of reason, unless the Psychologist is notified at least 48 hours (2 working days) before the appointment.

Sign _____ at _____ on _____ day of _____