

Farhana Goga:

Counselling Psychologist

Pr Number: 0218197

Confidential Client Information and contract

<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>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. They vary based on the duration and nature of the service, so please consult my booking website for them (www.timecenter.com/farhanagogapsychologist/). My rates increase on an annual basis.

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

Undertaking:

I, _____ (Your full name), hereby agree that:

I, _____ (Your full name), hereby agree that:

1. I will pay for my sessions before attending them via EFT, on at the session via snapscan or via EFT in the working week of my session.
2. I understand and accept the terms of the contract and that all the information I disclosed in this document is correct and true.
3. I am liable for all costs including legal and debt collection costs should it arise due to unpaid accounts.
4. I am solely responsible for the payment of the account regardless of having a medical aid or any other fund.
5. It is my responsibility to ensure that all accounts are paid by the stipulated date. No reports will be released if the accounts are not paid in full.
6. In the event of a cancellation I should provide 48 hours notice in advance otherwise I will be liable for full payment of the service being provided.

Your signature below indicates that you have read the information in this document, that you have understood it and that you agree to abide by its terms for as long as you are my patient.

Signature _____ Signature _____

Date _____ Date _____