

# *Cherilee Botha Counselling Psychologist*

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## *Client Information Document - Psychotherapy*

### *Dear Client*

This document tells you what you can expect from the therapy process and from the therapist. It also explains what your responsibilities are. Please read it with care. It should take no more than 10 minutes. If you have any queries please do not hesitate to discuss them with the therapist before the start of the session.

### *Therapeutic Process*

In order for the therapist to render a service to you, a proper evaluation is necessary. In the course of the evaluation a number of questions will be asked about your symptoms, relationships and so forth. Some of these questions may be very personal; but all questions will be relevant to therapeutic formulation and process. In some cases, it may be valuable to interview other people who know you to obtain additional information. The therapist will only do this with your consent.

The evaluation phase takes place over a number of sessions. It is asked that we agree to do this over an initial therapeutic process of three to six sessions is completed. After these initial sessions it can then be decided collaboratively what the future plan of action is. These initial sessions also allows you and the therapist to determine whether you can work together therapeutically. After this time, you can decide to continue working together with the therapist, or perhaps that it may be determined that your specific needs may be better met by another therapist or health professional. In the case of the latter, the therapist would provide you with an appropriate referral. Similarly, if what is required is outside of the therapist's legally binding scope of practice, you will be referred to the appropriate professional.

Therapy usually brings improved personal growth and functioning in the long term. In the short term, however, it may be an unsettling experience, as it is usually an emotional experience. Some temporary distress may be possible. The success of therapy is influenced by a number of factors. One of the most important factors is the degree to which clients take personal responsibility to bring about change. No therapist can give a guarantee that therapy will be successful. It is hoped that through therapy change will occur, however, it is important that the client is committed to the process in order for therapy to be most successful.

### *Standing Appointment*

During the therapeutic phase, generally one fifty (50) minute session for adults and one forty-five (45) minute session for children is scheduled at a mutually discussed time. This appointment will become a standing one, i.e. the same day of the week and time regularly for the course of the therapy. In exceptional circumstances fortnightly or maintenance sessions can be scheduled.

In the event that you need to cancel your session, please do so twenty-four hours in advance. In emergency cases or per request, if it is possible, the therapist will try to find another time within the week to reschedule your

cancelled appointment. Alternatively, therapy will continue as normal from the next week. If two or more standing appointments are cancelled, it may become necessary to renegotiate the therapeutic frame.

Please note that should appointments not be cancelled within twenty-four hours, a cancellation fee will be charged. This fee may not be covered by medical aids and may need to be paid cash or via bank transfer.

## *Confidentiality*

1. The therapist will treat all the private information collected about you as highly confidential. The therapist will not, subject to what is said in paragraph 2 below, disclose any information about you without your consent.

2. The following represents limits to confidentiality:

- If the therapist is forced to divulge this information in a court of law.
- If there are legal or social welfare reasons to break confidentiality.
- If consultation with other mental health professionals is viewed as being necessary.
- If you pose a danger to yourself or another person.
- Your referral source or family doctor may require written or verbal feedback regarding your treatment. In such a case this will only be supplied once discussed with you.

3. That which has pointed out in paragraphs 1 and 2 above is also applicable in respect of children under the age of 18. The therapist will on a regular basis inform parents or guardians about the therapeutic process and client's progress. No information will be given to the parents or guardian about the content of a session without the relevant client's consent (unless the child is at risk of harm or causing harm to others).

4. Certain Medical Aid Funds require a diagnostic code before they will pay a therapist's account. If you refuse to allow the therapist to furnish your Medical Aid Fund with the required information the organisation may refuse to reimburse you.

5. If you have been referred by an external source, it may be necessary to provide this source with written or verbal feedback. This feedback will be given with your permission, and discussed with you beforehand.

6. Should you be consulting via applications such as Zoom or WhatsApp please be aware of limits to confidentiality related to the design of those applications. The therapist and client will ensure a confidential setting in which to have teleconsultations; but cannot fully guarantee the online security of such technology.

7. Privacy Notification: Processing of Personal Information

- I need to collect and process the above and any other relevant personal information about you, including but not limited to session records/notes and communications/correspondence, that is required to provide psychotherapy services, as per HPCSA regulations and the Protection of Personal Information Act No. 4 of 2013 (POPIA).
- This information will only be used for the purposes for which it was collected (providing occupational therapy services); the provision of such services may not be possible should you not provide this information or fail to inform me of changes or updates.
- Your information will be securely stored in physical and/or electronic forms and I will review security safeguards on an on-going basis to ensure that your information is kept safe and confidential. Information will be securely stored for a period of time as required by HPCSA guidelines.
- I may disclose your information to service providers who are involved in or enable the delivery of services to you, such as medical schemes, practice managers, accountant or other health care professionals, where this is in service of your treatment and where such third parties comply with the privacy requirements as regulated by POPIA. This may include processing and sharing information for the purpose of collecting unpaid debts.

- The abovementioned third parties include email, text message and social media and/or applications service providers (e.g. Gmail, SMS, WhatsApp) and cloud storage providers (i.e. Dropbox and/or One Drive) who may be located outside of South Africa. Relevant password protections will be in place to secure your information stored on these virtual platforms and I will take all reasonable steps to ensure that the privacy protections that such third parties have in place comply with the conditions of POPIA.
  - Where specific requests are received to disclose information contained in your records (e.g., medical aid audits), a separate consent to disclosure form detailing the particulars of this request will be provided to you.
  - You have the right to request that I update, correct, or delete your personal information using the relevant forms as set out in POPIA (Form 1 and Form 2). These can be found on the practice website or requested directly from me.
  - As per the Protection of Access to Information Act (PAIA) and the processes outlined in the PAIA manual for this practice, you have the right to request a copy of the personal information that I hold about you, the copying and provision of which may be subject to payment of a legally allowable fee. The PAIA manual and Form C for requesting information can be found on the practice website or requested directly from me.
  - The responsibility for compliance with POPIA and PAIA lies with the registered Information Officer for this practice, Mrs Cherilee Botha.
8. Please be advised that the therapist does not do forensic work; but can refer you to psychologists who specialise in this field. Should the therapist be served with a subpoena to appear in court, the therapist will do so as an unwilling witness.

### *Fees*

1. Fees are charged as recommended by Board of Health Care Funders (BHF) and Medical Aid rates. The fees are medical aid rates per session of therapy or R900 for private clients per session of therapy. These are below or within most medical aid scheme rates.
2. Fees increase annually at the beginning of the new financial year as of 1 March each year. This increase is set according to recommended rates from BHF and Medical Aid rates.
3. If the person who will be attending therapy or assessment (“the client”) does not accept responsibility for the payment of the account, the name and other particulars of the person who does accept responsibility, must be indicated on the accompanying Client Details form.
4. As sessions occur on an appointment basis, it is not possible to extend the time set aside for a session. Should you be late for a session without making an arrangement timeously, the relevant session will be shorter. The person responsible for the payment of the account will still be liable to pay for the full session.
5. The person responsible for the payment of the account is personally liable for payment of the full account for each session. If the responsible person is a member of a Medical Aid Fund, it is his or her duty to find out which portion of the account the Fund will pay.
6. Where the person who is responsible for the payment of the account is a member of a Medical Aid Fund the following must be taken note of:
  - 6.1 The person who accepted responsibility for payment of the account is primarily responsible for the payment of the therapist’s account.

6.2 If the Medical Aid Fund fails to pay the account with 14 days, or fails to pay the full amount due, the responsible person will be liable for the payment of the account within 7 days after he or she has been informed accordingly.

7. If the person responsible for payment is not claiming from a Medical Aid Fund or does not belong to a Medical Aid Fund, they must take note that the account must be paid before or after the session. Only cash, card and bank transfers will be accepted. If bank transfer is used, proof of payment must be provided promptly after payment. Emailed proof of payment or sms confirmation will also be accepted.

8. Appointments not cancelled twenty-four hours in advance will be charged for at a reduced fee. This fee may not be paid by medical aids and may therefore need to be paid cash at the next session. The current cancellation fee is R600.

9. Please let the psychologist know if you believe that you may have difficulty paying the account. If it is possible the psychologist will try to accommodate you.

10. No relaxation or amendments of these rules will be binding unless recorded in writing.

11. If the psychologist is forced to hand an outstanding account to an attorney for collection, the person responsible for the payment thereof will be liable to pay the legal costs on attorney-client scale.

### *Termination*

Either you, or the therapist, may terminate therapy at any stage. Should you wish to terminate, it is requested that you allow at minimum one session to process the ending of therapy. Should the therapist feel that termination is necessary, this will be discussed with you and therapy will be terminated appropriately.

### *Contact with Therapist*

The therapist can be contacted on the contact details provided between 8am and 5pm; and after-hours in emergencies only. Should the therapist be in a session or unavailable to take your call, email or message immediately, she will make every effort to respond as soon as possible. All contact (telephonic, email or otherwise) outside of these hours will be responded to as soon as possible.

### *Liability*

Please note that the therapist may not be held liable for illness, loss or injury which may occur when consulting with her at her rooms, in hospital or via telehealth consultations. This includes, but is not limited to, illness, loss or injury related to COVID-19.

### *Further information*

Please note that your rights as a client are protected in terms of the Regulations set by the Health Professions Council of South Africa. The responsibility for all decisions in your life still lies solely with you, and the therapist will accept no responsibility for your actions.

Before the first interview is commenced, the therapist will allow you an opportunity to raise any questions you may have. Please feel to ask any questions you may have regarding the information in this document. If at any stage you fail to understand what is taking place you must please ask the therapist for an explanation. In particular, you are requested to inform the therapist if you feel uncomfortable at any stage in the assessment and/or therapeutic process.

Services may be provided by the practices' locum psychology professional, Ms Tamara Sosa (Counselling Psychologist) in the absence of Cherilee Botha.

I look forward to working with you and hope that the psychological assessment will be a beneficial process.

*Kind Regards,*

*Cherilee Botha - Counselling Psychologist*