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## COUNSELING SERVICES AGREEMENT & INFORMED CONSENT

**NOTE: If you are seeing me for couple's therapy, each person must fill out and bring a separate set of the following forms to your first session.**

### WELCOME

I would like to welcome you and let you know that I look forward to beginning our therapeutic work together.

I am a Relationship Therapist and a Clinical Sexologist registered under the Society of Australia. I am currently in training as Certified Sex Addiction Therapist under Dr. Patrick Carnes through The International Institute of Trauma and Addiction Professionals. I am registered with the Health Professional Council of South Africa as a counsellor in trauma.

The following forms contain information about my professional clinical services and my business policies. I have also included a number of questionnaire questions that will help me better understand what challenges you are currently facing so that I can best assist you.

**It is important that you first review the information before we begin therapy.**

Please feel free to ask me any questions you may have about these policies, I will be happy to discuss them with you. Please look through this information carefully and bring it with you to your first session.

### Therapy Services – Risks and Benefits

The role of a Relationship Therapist and Clinical Sexologist is to assist clients with issues regarding relationships or personal issues.

Counselling often involves discussing difficult aspects of your life. During our work together you may experience uncomfortable feelings such as sadness, guilt, anger, or frustration. As a result of what comes out of your therapeutic work and the decisions you make, important relationships may be impacted or may end.

Your journey in therapy may also lead to healthier relationships, and help you find solutions to problems with family and friends, as well as a reduction in feelings of distress. If you ever have any concerns about your therapy process, I encourage you to discuss this in our sessions so that we can collaborate together as you move forward.

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### Termination of Therapy

You may terminate therapy at any point. When our work comes to a close, I ask that we schedule at least one final session in order to review the work you have done.

Occasionally clients return to therapy in order to process new challenges. If you decide to return in the future, please know that I have an **open door policy** and welcome the possibility of working together again, however, it will be at my clinical discretion and also dependent upon my availability.

I typically have a waiting list of 2-3 weeks. If I am not able to see you immediately, I will be happy to add you to my waiting list, or I am happy to provide you with referrals to another therapist (s).

## Length of Therapy

Therapy is a process that is unique to each client and the challenges they are presenting. Some challenges can be worked on very effectively in a fairly short period of time (8-10 sessions). Other challenges may take much longer.

It can be difficult to predict exactly how long therapy will last and this is best discussed in your first session. You and I will put together a treatment plan and goals that you will be working toward.

If you have questions regarding the length of treatment, please feel free to discuss this with me at the start and at any point during therapy.

## Dual Therapy

It is unethical for two different therapists to provide counselling for the same client at the same time. Unless there is a compelling clinical reason, a crisis, or a specialized therapy treatment plan that we will be working on, I do not work with clients who are under the care of another therapist.

If you are working with another therapist, please disclose this so that we can discuss next steps.

## Confidentiality

Therapy is best experienced in an atmosphere of trust. Thus, all therapy services are strictly confidential and may not be revealed to anyone without your written permission. There are exceptions to confidentiality where disclosure is required by law (see below)\*.

There may be occasions where I consult with another therapist in order to determine the best approach to your situation. When doing so, please understand that **I will not use your name and will change significant identifying details** in order to protect your confidentiality.

Your confidentiality is very important to me. Should you request that I speak with another professional or person (i.e. doctors, former therapists, teachers, family, friends or anyone else outside the therapy room), I will first ask for your written consent in order to do so and only after determining if this is in the best interest in supporting your therapeutic process and progress.

### **\*Legal Exceptions to Confidentiality**

*Legal exceptions to confidentiality are in place to protect your safety and the safety of others.*

**They include:** when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

*Legally, I am a mandated reporter of abuse or intent to harm another. If you are homicidal and make a serious threat to hurt another person (s), I will contact the police and make every attempt to warn the intended victim or victims.*

*Additionally, if I am court-ordered to release records (for example a divorce hearing or custody hearing), I must abide by the court order and I may be compelled by court order to testify under oath and thus must answer all questions honestly.*

**\*Suicide Policy**

If you are suicidal, I will take all reasonable steps to prevent harm to yourself. This may include breaking confidentiality if you pose a serious risk of self-harm to yourself.

Your signature indicates that you have read and understand confidentiality and limits to confidentiality:

Signature \_\_\_\_\_ Date:

**Emergency Contact Information**

In the event of an emergency, please provide a contact:

Name:

Relationship:

Phone:

## POLICIES & THERAPY SESSION INFORMATION

### No Secrets Policy

Please note that with couples and family therapy, the couple and/or the family is the client (e.g. the treatment unit), **not the individuals**.

As such I practice a **no-secrets policy** when conducting marital/couples/family therapy, which means that confidentiality does not apply between the couple or among family members when one member of the treatment unit requests an individual session or contacts me outside of the therapy session to share a secret.

On occasion an individual session may be scheduled to assist in the overall therapy process to the treatment unit and will be scheduled only when mutually agreed upon.

Please understand that any information given in the individual sessions **will not** be held in confidence or secret in couples and/or family sessions. I will encourage the person holding the secret to share the secret in the following session and will support the client in doing so.

I also reserve the right to share or disclose information revealed by one partner or family member in an individual session to the other partner or family members as I deem appropriate or necessary to support the treatment unit's overall treatment progress and goals. If you are seeking couples therapy, or family therapy, please have each member of the treatment unit fill out and sign an intake form.

### Conjoined Sessions

On occasion, and only if it benefits the client's therapy goals, I may ask that a family member or significant other join us for a therapy session.

It is important to note that this is done **only on occasion** and at the therapist's discretion when it best serves the client. If a family member or significant other agrees to meet for a session, it will be for the client's benefit.

Additionally, the third party [friend or significant other] is not joining the session for his or her own therapy, nor will I work with them as a therapist as my therapeutic alliance is with the client, not the family member or significant other.

If we decide that this would be beneficial, you will need to sign a written release of information for this type of conjoint session.

### Therapy Sessions

Therapy sessions are weekly, and are scheduled in advance. Standard sessions are 90 minutes in length and begin and end on time.

It is understandable that occasionally you may be late. If you are late to your session, please understand that the session will not extend past your 90 minutes, nor will the time be made up at future sessions, as this will impact other clients I see.

Longer sessions are available by request and upon availability of my schedule at a prorated fee. At the start of therapy I may extend your first few sessions past the 90 minutes however, unless I extend this time, I ask that you please respect your 90 minutes session time. If I find that your session tends to run longer we will discuss this in session in order to maintain healthy boundaries around starting and ending on time.

### Therapeutic Approach

My goal as a therapist is to help my clients navigate through difficulties in their life and relationships while providing a safe place to heal, explore, develop insight, practice healthy coping skills, integrate and take responsibility for their changes.

I facilitate a process where the client is able to move towards healing, self-acceptance, and to ultimately grow and thrive in a supportive environment. While I will meet you each step of the way in your therapy process with compassion and empathy, a therapist is not a cure-all, a parent, a friend nor a miracle worker.

My approach is collaborative, honest, challenging and direct with solid boundaries and empathy. I reflect, assist, encourage and point out incongruent patterns around actions and words. I will not work harder than my clients or accept responsibility

for your choices or consequences. I can only advise and guide clients while facilitating the therapeutic process but I respect my client's decisions as I believe that you are the expert in your own life and are fully capable of creating the life that you want with support and tools.

## Non-Discrimination Policy

I respect each person's right to choose **his or her own belief system**. If a client would like to work from a faith-based approach, I am happy to discuss this with you and support your process.

Additionally, I respect each person's **right to their choices** in terms of sexual orientation and provide a safe place for both straight and gay clients. I believe in supporting people of **all ethnicities, cultures and physical challenges**.

While our gender, ethnicity, sexual orientation or spirituality may be different, I am open to discussing any concerns or questions you may have in working with a therapist who is either a different race, religion, orientation or gender than you.

Having an open discussion on any of these topics can lead to a greater level of trust and rapport. If you have any questions regarding my therapeutic approach and style, or my non-discrimination policies, please feel free to discuss this with me now and/or in the future.

## Court Reports or Letters

I **do not write** legal letters or court reports on behalf of clients involved in divorce, custody or other legal matters or lawsuits. I do not write letters pertaining to legal matters to any outside person (i.e. doctor, school, attorney, etc) regarding your treatment.

If a special circumstance arrives where a letter is required by court order, it will require your written consent and you will be billed an amount in addition to my fee. I reserve the right to refuse to write letters on your behalf (unless court mandated) if I do not feel this would be in your best interest, if it places me in a dual relationship, or will compromise our therapeutic relationship.

**I will not write letters on your behalf** if you are involved in a lawsuit for any aspect of your personal or professional life, as this places me in a dual relationship as both your therapist and court advocate, thus crossing therapeutic boundaries.

If you are involved in a lawsuit, please understand that entering your mental health into a court hearing may not always be in your best interest as it may compromise your confidentiality and your clinical files may be requested.

I will not be your advocate in a court hearing or speak on your behalf as that is not the nature of the therapist/client relationship.

Please understand that this practice specializes in therapy and therefore **NO REPORT** will be generated during, or on conclusion of the therapeutic process.

## Court Fees

If you become involved in legal proceedings that require my **mandated participation**, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party.

Because of the time involved and the interruption to my clinical work, I charge my standard fee for preparation and attendance at any legal proceeding on your behalf.

## Medical Aid Policy

In order for the therapist to be reimbursed by a medical aid scheme, a diagnosis of the client must be made and submitted to the medical aid. Sometimes information on the presenting problem and symptoms the client is experiencing from the client's private therapy records are also required by the medical aid.

Additionally, it is important that you also understand that there is **no guarantee** that your medical aid will cover your therapy sessions. I ask that clients carefully consider this before we begin our work together.

## FEES & PAYMENTS

**Please email me to enquire about the latest consultation fees.**

### Fee Increases

Fees are **reviewed each year, and may increase periodically**. Every consideration to client's current finances will be made, the increase will be discussed with the client, and a 30-day notice will be given prior to the increase. I will be happy to answer any questions you may have about this fee agreement. Please understand that you have the right to terminate therapy at any point. If you have any questions regarding my fee policy, please discuss this with me.

### Appointments/Cancellations

My contact number is 041 379 5851 and cell number 082 767 2764. If you are trying to reach me on the same day of your session, I ask that you contact me via phone or to send me an email.

Please note that **cell phones cannot be guaranteed as confidential**. I make every effort to return calls and emails within 24 hours. I understand that occasionally circumstances beyond your control may arise which would prevent you from keeping your appointment.

If I am unable to attend our therapy session (outside of scheduled vacations) due to an unexpected emergency or illness, every attempt will be made to contact you 24 hours in advance on the phone numbers and/or email you have provided.

### Client Cancellation Procedures and Fees

**Short-Notice Cancellation:** Appointment cancellations made **less than 48 hours of the scheduled appointment** will be charged the agreed upon full fee for the session.

**No-Show:** If you do not show up for a scheduled appointment (that you have not called to cancel) you will be charged the full fee for the session. If you tend to forget appointments please let me know – I will be happy to email you in advance to confirm our sessions. However, you are responsible for keeping track and attending your sessions.

**On-going Cancellations or Multiple No-Shows:** It is understandable that occasionally an appointment will be cancelled or missed due to illness or emergency. However, your regular session day/time has been reserved for you. My current client schedule does not allow for a great deal of flexibility with respect to continual cancellations, rescheduled appointments, or no shows.

### Therapist Availability Between Sessions

I am available to take a brief 5-minute phone call or answer a short 1-paragraph email regarding your **therapy appointment times or therapy homework**, however we will not process therapy issues via email unless I have specifically asked you to check in as part of your treatment.

If the client feels that more contact is needed between sessions due to crisis, I am willing to discuss the possibility of increasing the weekly sessions if I feel that it supports the client's therapy. If frequent non-crisis contact continues between sessions, it will be important to talk about charging for that support time, and/or referring out for a higher level of care than a once a week therapy session can offer.

### Explanation of Dual Relationships

While a therapeutic relationship can feel psychologically close, it is one that is professional in nature with important boundaries. It is unethical for a therapist to invite you into a **business venture**, ask you for **personal favours**, start a **social relationship** with you, etc.

These examples are called, "dual relationships" and can negatively impact clinical boundaries. Although our sessions may be intimate psychologically, it is important to acknowledge that we have a strictly professional relationship.

On the rare occasion that I see a client outside of the office (when we may accidentally run into each other in public), **I am highly discreet and will maintain your confidentiality**. I will do my best to follow your lead, and thus it is your choice to

acknowledge the encounter and me as your therapist or not. If you do not choose to acknowledge the encounter, I will respect this and will follow your lead.

## **Policy Regarding Internet Professional and/or Social Networking Sites**

On occasion a client will send me an on-line invitation or “friend” request through Linked-In, or Facebook. Unfortunately, this could potentially risk the client’s confidentiality. As such I choose not to accept these requests from clients. However, you can join my public Facebook page and Twitter account where I post interesting relationship-related advice and information on a weekly basis.

## **Physical Contact**

Sexual contact is never acceptable in the therapeutic relationship. **Romantic or sexual talk, or sexual innuendos and sexual jokes are also unacceptable** in the therapeutic relationship. If you should express a sexual comment or joke while in session directed to me, we will explore this comment professionally and in a non-shaming way within a therapeutic non-sexual relationship.

## **Referrals of Friends, Family, Co-workers**

The greatest compliment a therapist can receive is a referral from current or former clients. There are times when clients wish to introduce me as their therapist so they can recommend me as a referral, which is ethical and acceptable.

**Please understand that your confidentiality is extremely important to me.** If another client that I see referred you to me, or if you refer a friend, co-worker or family member to me, legally and ethically I am not able to acknowledge that other person’s attendance to you if they should begin seeing me in therapy or if they are currently in therapy with me. If you choose to share that I am your therapist with the person who referred you or with someone you refer, that is a decision that you must make if you choose to reveal you are in therapy with me. Please be assured that I will not acknowledge you as my client to anyone without your written consent.

On occasion a client may say, “My friend Jane/John Doe mentioned that she/he started seeing you and is enjoying the work you are doing with him/her.” This is an example of my standard response which is stated in a kind tone: “I appreciate any referrals that clients make, however, I cannot reveal whom I see in therapy, and thus I cannot remark on whom I see clinically at this time.”

Because this may sound rather official to clients, and because I will not acknowledge who I see in therapy, including you, I thank my clients here on this page one time in advance for any referrals they may make:

*Thank you for the referral; I am honoured by your trust and confidence.*

I declare that I make use of the practice out of my own free will. I understand the above agreement and will abide to it.

**CLIENT ONE:**

.....  
**FULL NAME**

.....  
**SIGNATURE**

.....  
**DATE**

**CLIENT TWO:**

.....  
**FULL NAME**

.....  
**SIGNATURE**

.....  
**DATE**