

Our Reference.........................

Your Reference........................

**INFORMED CONSENT FORM:**

According to law any professional person including lay counsellors, registered counsellors, intern psychologists, registered psychologists and social workers/students who wants to obtain any information from an individual must communicate this intension openly and clearly before the start of an interview. It is also expected from the paraprofessional and professional to explain the intended intervention.

1. All counselling is confidential. The confidentiality includes the supervisors of the Lay Counsellor/ Counsellor/ Social worker.
2. Confidentiality will be waived if a client is a danger to self or to others, or when there is a reason to suspect abuse or neglect of a child, an elderly person or a disabled person. The Judicial system may order the client’s records to be made available.
3. The progress of the counselling process is determined NOT ONLY BY THE COUNSELLOR, but depends on the co-operation and commitment of the counselee.
4. As counselee I will endeavour to have realistic expectations of the tempo of progress and the end results of the counselling.
5. I will meet with my Counsellor for six sessions, usually for a period of 60 minutes at a venue agreed upon by both parties.
6. After 6 sessions we will reassess the situation. At that time, a new decision will be made concerning the best course of action for me. This may include a referral.
7. That the counselling process is a relationship between the Counsellor and counselee and cannot be seen as a process of giving legal advice. Neither is this service a forensic process and the notes cannot be used as such. a Counsellor is not a forensic practitioner.
8. Out of courtesy to my counsellor, I will give a 24 hours prior notice of cancelling an appointment.
9. If the appointment was not cancelled 24 hours prior to the appointment the full amount will be charged.
10. All payments must be done after receiving the invoice.
11. The invoice will be sent out before the appointment, and must be paid in advance.

*I have reviewed stated conditions with my counsellor and agree to abide by them.*

*I hereby give permission to the counsellor to discuss the counselling sessions during supervision.*

*I understand that the sessions will be held in the strictest of confidence and that information will not be made known to any other person not directly involved in the supervision sessions.*

COUNSELLEE PRINTED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNSELLEE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF UNDER 18: Parent/Guardian/Social Worker: PRINTED NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNSELLOR/SOCIAL WORKER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I hereby grant permission for my counselling sessions to be recorded for supervisory purposes only.*

COUNSELLEE SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *Confidentiality and privileged communication remain the right of the counsellor. However, if it comes to light that an individual intends to take harmful, dangerous, or criminal action against another human being, or oneself, it is the counsellor’s duty to warn appropriate individuals and authorities of such intentions. Counsellor are mandated to report any “reasonably suspected child abuse.” (Physical or sexual).*  *I have read the above and understand the counsellor social and ethical responsibility to report when harmful, dangerous, or criminal action is strongly indicated. I further understand the counsellors legal responsibility to notify the proper authorities in cases of “reasonable suspected child abuse.”* |