

Information Sheet

Welcome to the practice of Cindy Strydom Psychologists. Please take a few minutes to legibly provide the following information. Please note that duplicating of information is not necessary. Please initial each page and on completion of the form please sign the bottom of the last page.

Patient Details

If attending couple's therapy please supply both people's details below. Please indicate on next page by Person Responsible for Account which person will be responsible for the payment of account.

If the client is a child, please complete the child's information here and the parent's information on the next page by Person Responsible for Account.

Surname	
Initials	
Name	
Identity Number	
Date of Birth	
Gender	
Title	
Current Occupation	
Marital Status	
Home Language	
Cell Nr	
Home Nr	
Work Nr	
Email (1)	
Email (2)	
Home Address	
Postal Address	

Please indicate your preferred method for us to contact you?

	Call		Email		SMS		WhatsApp
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Please indicate where you found out about this practice? _____

Person Responsible for Account

This section is only necessary to complete if the information differs from the information provided in the Patient Details section, and non-completion indicates that the patient is responsible for the account.

The practice can claim from your medical aid on your behalf, however the person responsible for the account/patient will be responsible for payment in cases where the medical aid declines or part pays a claim, and in situations where an appointment is considered late cancellation or not attended without cancellation.

If the patient is a child, the parent or person responsible for the account's information needs to be completed below. The parent who has signed this form will be held responsible for the account unless written payment consent is obtained from the responsible party on commencement of therapy sessions.

Any third party that will be responsible for the payment of this account will need to complete a payment consent form.

Surname	
Initials	
Name	
Title	
Identity Number	
Gender	
Cell Nr	
Home Nr	
Work Nr	
Email	
Home Address	
Postal Address	

Medical Aid

If you are not the principle/main member of your medical aid you agree that the principle/main member is aware of the consultation and that they have given permission for the psychological sessions to be claimed from medical aid. Please note that the person whose signature appears on this document, unless a signed letter is received stating otherwise, will be held responsible for any outstanding amounts. A copy of the medical aid card and identification is required, sessions will be required to be paid for privately if you are unable to provide proof of medical aid.

Please indicate whether you would like the practice to submit your claim to your medical aid?

Y or N

Name of Med. Aid	
Plan of Med. Aid	
Med. Aid Number	
Dependent Code	
Name of Main Member	
Identity Number	
Cell Nr	
Home Nr	
Email	

Nearest Family Member

Name	
Relationship	
Address	
Cell Nr	
Home Nr	
Work Nr	
Email	

Please pay specific attention to the following terms in this agreement. These require you to acknowledge fact, limit the liability of Cindy Strydom Psychologists or to indemnify Cindy Strydom Psychologists. Please read carefully and ask if you have any questions. An electronic copy of the below will be emailed to you for your records.

Informed Consent for Psychological Evaluation and Treatment

I hereby give consent that:

- a) I understand that all information regarding me will be treated as medically confidential.
- b) I understand that confidentiality is legally required to be breached in instances where I prove to be in danger of harming myself or another human being; in cases of apparent, suspected or potential child abuse or neglect; or in cases where a court issues a summons for records or testimony.
- c) I acknowledge that client records are kept for a period of 6 years from the date of last consultation or as regulated by professional standards set out by the HPCSA.
- d) Any psychological and social information regarding me may, with my permission, be discussed with a relevant multi-professional team.
- e) My information may be discussed with relevant parties for the purpose of supervision, within a confidential setting, to enable my psychologist to provide me with improved therapeutic strategies.
- f) I am aware that my psychologist may be in the process of training, and also may be receiving training within the practice. The practice may employ psychologists whom are still completing their community service or internship, and therefore will practice under supervision. This will be explained as and when applicable.
- g) My sessions may be recorded by the psychologist for benefit to the therapeutic process and supervision.
- h) I agree to undergo any agreed upon necessary tests and treatment advised and explained to me.
- i) A relevant psychological report about me may be submitted to applicable parties if proved necessary, with my knowledge and permission.
- j) I acknowledge that psychological treatment will only be provided in the capacity as agreed upon between the relevant parties. I am aware that a psychologist may not overlap between working in a legal capacity and a therapeutic capacity.
- k) I am aware that in the event of claiming through medical aid, the psychologist will need to submit an ICD-10 code, which will give the medical aid an indication of the condition that I am being treated for, to my medical aid. I have the full right to know what this code will be and discuss this further with my psychologist. If I refuse for this information to be submitted as a claim to my medical aid, I will be liable for the payment of my sessions based on the cash rate of the practice.
- l) Children over the age of 14 years are required to give therapeutic consent, and are entitled to the same confidentiality as that as an adult. As the parent or legal guardian of the child patient you acknowledge this confidentiality agreement.
- m) In order for children under the age of 14 years to attend therapy, consent from both parents is required, except in cases where one parent can prove that he/she has full legal custody of the child.
- n) During my continuous sessions myself and my psychologist will agree upon a treatment plan, which may be adapted and changed during the therapeutic process. I hereby consent to ensure that I have an understanding of the treatment plan, risks and benefits of my therapeutic processes. Thereby agree to release the practice of Cindy Strydom Psychologists and its associates, to the extent permitted by law, from all claims for any loss or damages suffered as a result from the treatment.
- o) I acknowledge that if I am treated at an inpatient facility or hospital that my confidentiality will be maintained, and with my permission discussions can be held multidisciplinary treating practitioners.

- p) I authorise the practice to process my personal information in order to perform their services. Including the relevant release of any of my clinical information such as diagnostic code and other information required to process my claims or to collect outstanding balances on overdue accounts.
- q) I understand that Cindy Strydom Psychologists make use of the services of administrative staff, whom are bound by the confidentiality agreement of the practice, and thereby agree that my personal administrative, account and communicative information may be disclosed to such staff members.
- r) In order to maintain confidentiality, any confidential report that my psychologist sends me via email will be password protected, using my account number as the password.
- s) In the event that I choose to attend therapy using a form of technology such as Skype, Facetime, Whatsapp calls or video calls, or via a phone call, I understand that my psychologist will schedule an appointment time with me, and will provide such a service in a confidential setting, and provide the service to the best of his/her capabilities. I acknowledge that potential technical difficulties may be experienced and Cindy Strydom psychologists may not be held liable for diminished level of service due to such technical factors.
- t) In the event that I require therapy using a form of technology as stated above I would be responsible for ensuring that I am in a confidential setting which will the session would be conducted.
- u) My psychologist may use forms of communication, such as messages or emails, which despite all efforts to maintain confidentiality, may not be guaranteed due to the nature of technology.
- v) I understand that in order for my psychologist to maintain my confidentiality in non-therapeutic settings, my psychologist may opt not to greet or acknowledge me in public. My psychologist also won't accept any social media requests from me.

Payment Terms

By using the services of the psychologist, you confirm that you accept the following payment terms:

- a) If you are not the principle/main member of your **medical aid** you agree that the principle/main member is aware of the consultation and that they have given permission for the psychological sessions to be claimed from medical aid.
- b) Should there be a **shortfall in medical aid funds or the funds become depleted**, the person whose signature appears on this document will be held responsible for any outstanding amounts unless a signed letter is received from the individual listed under person responsible for account. You will be notified of any shortfall messages received by the system via sms and email. A shortfall indicates that the system has received a message and that the medical aid may either part pay or not pay the outstanding balance. You will be notified by the Accounts Department of Cindy Strydom Psychologists once this is confirmed.
- c) In the event of a shortfall in medical aid funds future sessions will be charged per the cash rate of the practice.
- d) In the event that you request the practice to claim for your session from your medical aid, on your behalf, you are responsible for ensuring that there are sufficient funds and benefits available to claim from your medical aid prior to each session. The practice may hold you liable for any cost incurred for submitting claims rejected by the medical aid.
- e) You are responsible for any outstanding amounts on the account, including amounts not paid by a medical aid claim.
- f) You are responsible, and not the staff of the practice, to resolve any queries you may have regarding your account with Cindy Strydom Psychologists with your medical aid.
- g) If your medical aid is depleted, your account will be charged according to our private card rates.
- h) Certain conditions may be covered by your medical aid with **PMBs** (prescribed medical benefits) and your psychologist may apply for this on your request. If you have medical aid benefits and funds available your sessions will be claimed as a normal medical aid claim until approval for your PMB

application is received. In the event that you do not have medical aid benefits or funds available you will be responsible for the payment of your sessions until approval for your PMB application is received.

- i) Applications submitted for PMBs or other benefits does not guarantee approval of such, and you remain responsible for your application process.
- j) In the event that you request a **session using a form of technology** and will be responsible for the payment, such a payment needs to be made in advance, and proof of payment emailed to Cindy Strydom Psychologists prior to commencement of the scheduled session.
- k) **International medical aids** are not accepted by the practice if the practice is not registered at the specific international medical aid, and will require you to settle the full applicable fee and submit the claim yourself to your international medical aid.
- l) Any payments made to Cindy Strydom Psychologists in foreign currency will be charged inclusively of the additional **forex** bank charge.
- m) Cindy Strydom Psychologists will not accept **payment from a third party** (such as a company or an individual paying on behalf of another) without a written, signed letter from the third party stating the amount of sessions that they have agreed to, what their expectations of the sessions would be (such as report) and a commitment to pay following each session or ahead of each session. Additional charges may occur due to report writing or administrative tasks that are linked to such payments. Including and not restricted to the costs incurred and time required to acquire requested documentation.
- n) Rates are charged according to the duration of the scheduled session or attended session if the latter surpasses the former.
- o) **Medical aid rates** are determined by the individual medical aids. Cash and card rates are available on request.
- p) The full applicable fee is payable for all consultations **not cancelled nor met within 24 hours** before the scheduled appointment date and you will be charged for consultations not met. Such a session will be charged at the private card rate according to the full fee of the duration booked. As such, sessions that have not been cancelled or attended within 24 hours will be payable according to our private card rates and not claimed through your medical aid.
- q) **Rescheduling** of appointments in less than 24 hours before the scheduled session will be charged as a late cancellation.
- r) As it is difficult to determine when clients have valid or unexpected reasons for cancelling their appointment within 24 hours. As such, the sessions will be charged for regardless of the reason. This includes car troubles, traffic difficulties, forgetting an appointment, sickness and death in the family, etc.
- s) While the practice sends **SMS reminders**, the responsibility of keeping appointments is that of the client. If a client does miss or cancel a session in less than 24 hours, it will be charged for and not receiving an SMS reminder does not qualify as a valid excuse.
- t) All outstanding amounts are due for payment immediately after a session, by either cash, card or Snapscan, with the exception of sessions claimed from your medical aid.
- u) **EFT payments are not accepted** as a method of payment, and immediate payment as stated in the above term t) is required after a session.
- v) It remains your responsibility to inform us whether your session should be claimed via medical aid or according to our cash rates. Your account will only be reverted to medical aid rates if your medical aid funds are reinstated upon your instruction.
- w) Accounts that are charged on private rates will not be submitted to the medical aid due to costs that incur when submitting claims. Please submit your statements that were paid with cash or card to your medical aid yourself. Any such submissions done by us on your behalf will be charged accordingly.
- x) Any reports requested will incur a fee which will be charged for according to the duration spent on compiling the report. **Report charges** will be payable according to our private card rates and not claimed through your medical aid.

- y) In the event that Cindy Strydom psychologist needs to rent any assessment measure from a third party in order to conduct the assessment required, the cost of the rental will be in addition to the cost of the assessment.
- z) In the event that you receive therapeutic services within an **inpatient** facility, you are responsible for ensuring that you have acquired the authorization code necessary for payment of treatment and have provided such to Cindy Strydom Psychologists.
- aa) Please note that we do not have facilities to keep an eye on children at the practice, please ensure that you arrange someone to watch your child if you are attending a session with us, as well as fetch your child directly after his/her session. If babysitting arrangements need to be made on your behalf, you will be billed accordingly.
- bb) Cindy Strydom Psychologists can not be held responsible for any errors or incorrect use of funds made by your medical aid.
- cc) **Refunds** will not be made for incorrectly paid or pre-paid amounts, whether due to medical aid or private error, and will remain as credit on your account.
- dd) Cindy Strydom Psychologists will not be involved in any payment agreements between parties.
- ee) All amounts on accounts are due with immediate payment; all overdue amounts will incur **interest** charged at 7%. Interest is generated every 30 days. Payments will be allocated to interest first, then cost and capital.
- ff) Accounts are handed over for **legal debt recovery** after 90 days. Any costs associated with such actions will be incurred towards the person responsible for account.

I acknowledge that all information supplied by me is correct and accept the informed consent and payment terms.

Signature: _____

Date: _____

FOR ADMINISTRATION USE	
	Copy Of ID Copy of Medical Aid Card Other (Please specify)