



HERMIAS LE ROUX

CLINICAL PSYCHOLOGIST
MA CLIN PSYCH (NWU) - PS 0144746 | PR 0933422

INFORMED CONSENT

Patient Details

Title													
Name							Surname						
ID Number													

Medical Aid Details

Main Member Name							Main Member Surname						
Medical Aid							Option						
ID Number													

Medical Aid							Option						
Membership No.							Dependent code						
Are you registered for a Mental Health PMB?							Yes <input type="radio"/>	No <input type="radio"/>					
ICD-10 code							Auth No:						

Details of Person Responsible for Account

Title							Surname						
Name							Cell No.						
E-mail							Employer						

Home Address							Work Address						
Code							Code						

Next of Kin

Name							Surname						
Relationship to Member							Cell No.						

Informed Consent and Professional Agreement

I (name), _____, the undersigned, hereby give consent to receiving psychological services (including but not limited to clinical/psychological assessment(s); psychotherapy/counselling and/or such other related psychological service(s) as may be provided by Hermias le Roux, a Clinical Psychologist registered with the HPCSA on terms stipulated below. I understand and agree to the following terms:

1. Confidentiality and Record-keeping

- i. Confidentiality will be maintained on a professional basis and all information collected about me by Hermias le Roux, will be treated as private and confidential. It is possible that my case may need to be discussed with the relevant medical professionals in order to implement interventions and provide feedback. Information pertaining to this will be released only to qualified professionals that I have explicitly advised Hermias le Roux to release this information to.
- ii. Confidentiality can and will be broken in certain situations where maintaining confidentiality would result in clear and imminent danger to myself, the psychologist, or others or as otherwise provided by law. Hermias le Roux is required by law to report to the appropriate authorities any suspected child abuse, elder abuse or abuse of people with disabilities. When a threat of bodily harm to others or myself is present, the Clinical Psychologist may break the confidentiality of communications. I understand that the Clinical Psychologist will make reasonable efforts to resolve these situations before breaking confidentiality.
- iii. Client Consent in Terms of **POPIA** (Protection of Personal Information Act):

I hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act No. 4 of 2013 by Hermias, the practice staff and third parties with whom Hermias has a contractual relationship for the following purposes:

- Treating and managing me in terms of a health professional-and-client relationship;
- The administration of the contractual relationship between myself and Hermias;
- Communicating with other persons inasmuch as it relates to my treatment and management;
- Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical aid schemes and their administrators where relevant: and
- Collecting monies outstanding from the practice (Hermias le Roux Clinical Psychologist).

2. Record-keeping

Brief records of sessions will be recorded in the form of clinical and/or other notes which will be the responsibility of the Clinical Psychologist. These records can include interventions used during the sessions and topics discussed. It will be stored electronically on a biometric enabled device, which can only be unlocked by Hermias le Roux. This device will be stored in a locked cabinet, in a locked room with adequate security.

3. Financial Agreement

I understand the payment options selected and information described in this contract. I also understand the implications of providing ICD-10 codes to medical aids should that be the required method for payment.

1. **Practice fees and charges:** The first consultation fee is payable upfront. An invoice will be issued to you in order to claim back from your medical aid. Medical aid claims will be processed from the second session onwards. Medical aid patients will be charged at the standard medical aid rate that is supplied by the medical aid. Further details about practice fee rates and charges are available directly from the practice. If my therapist/Clinical Psychologist spends more than 10 minutes a week responding to phone calls or e-mails with regard to my care, treatment or management, I will be billed accordingly for this time.
2. **Payment:** Practice fees and charges remain payable in full by the client or the person responsible for payment of the practice fees and charges. Should the medical aid not pay in full for services rendered, the client remains responsible for the payment of any outstanding amounts.

Statements will be sent via e-mail at the end of every week. Payment of outstanding amounts need to be made within 7 days after statement date. Failure to pay outstanding amounts within 7 days after the statement date will result in monthly interest of 2% to be added to your account.

Failure to pay outstanding accounts within 60 days after this statement date will result in Hermias le Roux contracting the services of a reputable debt collecting agency to collect the outstanding fees and charges. The client will be responsible for all legal fees incurred on and attorney and client scale, including collections commission of 10% per instalment.

Clients can pay with speed point at the practice or by means of EFT. Should EFT be used, clients are advised to use the statement account number as reference and not their names, in order to protect confidentiality.

4. Medical Aid

This practice can submit claims directly to medical aid, if so requested by the client. Please note that medical aids typically provide psychology services benefits from either medical aid plan specific benefits and/or medical savings account (MSAs) or prescribed minimum benefits (PMBs). Please note that it is the client's responsibility to enquire directly with their medical aid scheme before entering treatment to familiarise themselves with the scope, quantum and annual limits for psychology service benefits available to them, prior to commencement of any psychology service. This practice does not engage with medical aids on behalf of clients.

Should a client request that Hermias le Roux apply for PMB, a separate informed consent form needs to be completed. In order for the medical aid to process any claims, an ICD-10 code needs to be submitted. ICD is the medical classification system of the World Health Organisation and this code is used to code diagnoses, symptoms and reasons for seeking treatment. Without the ICD-10 code, your medical aid will not pay for psychology services rendered. This does compromise confidentiality of information, since a diagnosis (the ICD-10 code) will be furnished to your medical aid which will then form part of your medical record. By signing this form you give consent to the release of the information and ICD-10 code, as described above. Also remember that the principal member of the medical aid will have access to information about the psychiatric diagnosis and services rendered.

5. Late Arrival, Non-completion, Cancellation, Late Cancellation and Missed Sessions

All fees and charges are charged in full for all appointments and services scheduled, including where a person is late for an appointment or does not complete a particular scheduled service. I understand that regular scheduled sessions are part of the commitment and that I should inform Hermias le Roux's practice at least 24 hours in advance if I am unable to keep an appointment. I understand that I will be held liable to pay a consultation fee should I fail to inform the practice 24 hours in advance. Should I miss an appointment, it is my responsibility to contact the practice and reschedule. Appointments that cannot be held may be rescheduled for another appointment at no extra charge, provided such notice is given to Hermias le Roux or the practice reception at least 24 hours in advance. **Appointment(s) that are NOT rescheduled at least 24 hours in advance or where a client does NOT arrive for an appointment or summarily cancels and reschedule, will be liable for a cancellation fee equal to the consultation fee and charges.**

I, the undersigned, have read and fully understand the contents of this Informed Consent and Professional Agreement Form and hereby agree to comply with this.

Signature

Name and Surname

Date