



Henri de Wet  
clinical psychologist

## Psychotherapy Contract

Welcome to my practice. This document includes important information about psychotherapy and how I work. Please read through the document and sign to indicate that you have reviewed and agree to this information.

**Bookings:** Booking involves reserving a specific timeslot that repeats on a weekly basis until you choose to end therapy. Please see late cancellation policy. More or less frequent sessions can be arranged when necessary.

**Confidentiality:** Information that you share with my practice will be kept confidential and will not be disclosed without your consent. However, the following limits to confidentiality apply:

- ❖ Confidentiality is not guaranteed in situations that involve life threatening harm to yourself or others, nor in situations where children are placed at risk (e.g. child abuse).
- ❖ In the event that I should be subpoenaed to testify in a legal case that you are involved in, I am obligated to disclose information that is otherwise confidential.
- ❖ If I need to seek consultation with a colleague/supervisor regarding your psychotherapy, I will take all reasonable precautions to disguise identifying information.
- ❖ Your invoices, PMB forms (if applicable) and any other documents I, or my personal assistant, are required to complete and/or submit for billing/treatment purposes on your behalf will include personal information including your diagnosis/es and/or ICD-10 code/s.
- ❖ I will liaise where necessary with other professionals involved in your care (e.g. your GP or psychiatrist) regarding your diagnosis, treatment and progress.

**Legal Reports:** I do not get involved in legal and custody-related matters unless subpoenaed by court.

Patient 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, and will be safely disposed of/destroyed thereafter. With regards to children their files will be kept until the age of 21 years old, and will be safely disposed of/destroyed thereafter.

### **Fees, Accounts and Medical Aid Claims:**

*Please note: Fees will increase annually at the start of each calendar year.*

Please tick one of the billing options below:

**Option 1: Medical aid billing**

*Please note the first session is to be paid in cash*, this will be reimbursed once your medical aid pays out. I will submit your invoices to the medical aid on your behalf and claim from them directly. Should your medical aid reject the claim for any reason, we will revert to option 2 and you will be responsible for paying your account personally. Please note that you are responsible for keeping track of remaining Prescribed Minimum Benefit sessions. Please see *Addendum A* for more information regarding PMBs.

*Medical aid rates are charged according to procedure code 86205. If your medical aid does not pay out for this procedure code you will be liable for the difference. Medical Aid rates generally vary between R1050 and R1200 per session.*

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064 557 5982 ♦ info@henridewet.com ♦ 8 Verdi Blvd, Sonstraal Heights, Durbanville  
MSc Clinical Psychology (Stell) ♦ HPCSA No. PS 0137480 ♦ Practise No. 10781444

- **Option 2: Private billing**  
R1050 per session (8.7% discount). *Please note the first session is to be paid in cash.* You will be invoiced after each session. Payment is due within a week of the invoice date (unless we arrange otherwise).
- **Option 3: Cash directly after session**  
R900 per session (21.74% discount) (Card is R1000). If you fail to pay directly after the session for whatever reason, with the exception of a previously agreed upon arrangement, we will revert to option 2.

**Cancellation policy:** Please let me know as early as possible if you need to cancel an appointment. I charge R850 for cancellations with less than 48 hours of notice and for missed appointments. Please be aware that medical aids will not reimburse you for cancellation fees. This applies to the first session as well.

**Failure to make payment:** If payment is not paid within 7 days, your discount will be forfeit and you will pay the full rate of R1150, if after 30 days payment is still not made, you will be handed over to a debt collection agency.

## General

**Office Hours:** Monday to Thursday 10:00-18:00, but I may respond outside of these hours as well.

**Electronic privacy:** I utilise SMEMetrics Practice Management Software to manage bookings, create invoices and make claims. They are a reputable company with strict privacy guidelines. Client notes are stored separately on my password protected computer in a password protected document. I use a credible service provider for my emails, however, I cannot be held liable for breaches to confidentiality on the side of the service provider. If you are uncomfortable with electronic storage and transmission of your information, please let me know.

**Emergencies:** In the case of an emergency, I will do my best to schedule an extra session with you for as soon as possible. However, if you feel that your life is at risk, you are responsible for going to casualty or police.

**Out of session contact:** I prefer that any therapeutic work be kept to face-to-face sessions, out of session contact should be for logistical purposes. If you need to change our appointment or request an additional session, email or SMS are the best way to get hold of me. I am usually able to respond to messages within a day during the week.

**Psychiatric referrals:** As a clinical psychologist, I do not prescribe medication, but I can refer you to a psychiatrist.

**Termination:** You are welcome to stop your sessions at any time. I will provide names of other qualified psychologists if you wish to continue psychotherapy elsewhere. For legal reasons, if we have not had a session for more than 4 weeks and we do not have any planned sessions our therapeutic relationship will be regarded as over, unless otherwise specified. If you wish to see me again after such a time we can engage in a new therapeutic relationship.

**Informed Consent:** I have read and understood the above statements, and I have had an opportunity to ask questions about them. I agree to begin psychotherapy with Henri De Wet according to the above conditions.

**How did you hear about me?** \_\_\_\_\_

## IF CLIENT IS UNDER THE AGE OF 18 PLEASE COMPLETE THE FOLLOWING

Client Name: \_\_\_\_\_

I.D. / Date of \_\_\_\_\_

Birth: Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

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**If the client is under the age of 18 please note that due to the legal and financial considerations this practice requires both parents or the legal guardians to give signed consent.**

Parent or Guardian Name: \_\_\_\_\_ and identity number \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ and identity number \_\_\_\_\_

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

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**IF CLIENT IS OVER THE AGE OF 18 PLEASE COMPLETE THIS SECTION:**

Client Name: \_\_\_\_\_ and identity number \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Please indicate if you responsible for account  Yes  No

Please provide details of person responsible for the account, **including yourself**. By providing the information below, you confirm that you have obtained consent from the person listed to provide their contact details as the person who will be responsible for payment of your account. You also agree to notify me of any changes/updates to the information provided.

**PERSON RESPONSIBLE FOR ACCOUNT**

Name/Naam \_\_\_\_\_

Surname/Van \_\_\_\_\_

ID Number/ID Nommer \_\_\_\_\_

Home Address /Woonadres \_\_\_\_\_

Contact Number/Kontak Nommer \_\_\_\_\_

Email/Epos \_\_\_\_\_

**MEDICAL AID INFORMATION:**

Name of Medical Aid: \_\_\_\_\_ Main Member: \_\_\_\_\_

Plan/Type of Medical Aid: \_\_\_\_\_ Main Member ID: \_\_\_\_\_

Medical Aid Number: \_\_\_\_\_ Relation to Main Member: \_\_\_\_\_

Dependent Code: \_\_\_\_\_

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**EMERGENCY CONTACT: NEXT OF KIN/ NAASTE FAMILIE/VRIEND**

By providing the information below, you confirm that you have obtained consent from the person listed to provide their contact details as the person who will be contacted in the case of emergencies. You also agree to notify me of any changes to this emergency contact information.

Name/Naam \_\_\_\_\_

Surname/Van \_\_\_\_\_

Relationship/Verwantskap \_\_\_\_\_

Contact Number/Kontak Nommer \_\_\_\_\_

**INFORMED CONSENT: PROCESSING OF PERSONAL INFORMATION**

Appointments are recorded using your initials and/or first name on a password-protected electronic calendar or hardcover diary. 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 psychotherapeutic 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 ongoing basis to ensure that your information is kept safe and confidential. I may disclose your information to service providers who are involved in or enable the delivery of services to you, such as medical schemes 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 and text message service providers (e.g., Gmail and webmail) and cloud storage providers (i.e., Dropbox, Google Drive 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 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, Henri de Wet.

**I have read and understood the above statements, and I have had an opportunity to ask questions about them. I agree to begin psychotherapy with Henri de Wet (HPCSA No. PS 0137480, Practice No. 0781444) according to the above conditions.**

\_\_\_\_\_  
Signature/Handtekening

Name in Print: \_\_\_\_\_

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

Place: \_\_\_\_\_



## Addendum A

### Will my Medical Aid Cover my Sessions?

I am registered with the Board of Healthcare Funders (BHF), so all medical aids will cover the cost of sessions to the degree that they make provision for psychotherapeutic services. It is always advised that you confirm with your medical aid what your annual benefit for psychological services is. Please note that most medical aids and their packages only pay for psychotherapeutic services through savings or Prescribed Minimum Benefits.

### What are Prescribed Minimum Benefits?

Prescribed Minimum Benefits are a set of defined benefits to ensure that all medical scheme members have access to certain minimum health services, regardless of the benefit option they have selected. The aim is to provide people with continuous care to improve their health and well-being and to make healthcare more affordable.

### What Diagnoses are Covered under Prescribed Minimum Benefits?

Acute Stress Disorder accompanied by recent significant trauma, including physical and sexual abuse. Up to 12 sessions.

- F43.0 – Acute Stress Reaction
- F43.8 – Other Reaction to Severe Distress
- F43.9 – Reaction to Severe Stress, Unspecified
- T74.1 – Physical Abuse and T74.2 – Sexual Abuse

Attempted suicide, irrespective of the cause. Up to 6 sessions.

Major Affective Disorders, including unipolar and bipolar depression. Up to 15 sessions.

- F20.4 – Post-Schizophrenic Depression
- F25.- – All Schizoaffective Disorders
- F30.1 – Mania without Psychotic Symptoms and F30.2 – Mania with Psychotic Symptoms
- F31.- – Some bipolar Affective Disorders
- F32.- – Some forms of Depressive Episodes
- F33.- – Moderate and Severe forms of Recurrent Depressive Episodes
- F53.1 - Severe mental & behavioral disorders associated with the puerperium, not elsewhere classified

### Risk of applying for PMB

When applying for a PMB you are given one of these diagnoses and they will serve as a “pre-existing condition”, which you are legally obliged to disclose in matters such as applying for life insurance policies or immigration.

### What if my Difficulty is not on the List?

You can contact your medical aid and enquire to what extent they may cover mental health problems over and above the prescribed minimum benefits as well as whether or not they cover your specific condition. If they do not then you will be required to choose between the monthly billing (option 2) and cash (option 3) options.





## Logistical arrangements

### When to Arrive to a Session

As a result of me trying to squeeze as much out of the hour as I can for each of my clients, *ask that you ring the bell no earlier than 5 min before your session.*

### Where to Park and Where is the Entrance?

My practice is located at 8 Verdi Boulevard in Sonstraal Heights, Durbanville. It is on the same property as the dentist, but the entrance is on the right-hand side of the garage door. Please see the image below for more clarity. In the unlikely event that all parking spaces on the property are taken you can park in or across the road.



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