



CHRISTINE COPLEY

REGISTERED COUNSELLOR
BA Hons (BPsych Equivalent) Cum Laude
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11 Tester Street, Vierlanden,
Durbanville, 7550

INFORMED CONSENT CONTRACT

Please complete & sign the agreement below after reading the following documents:

- General Counselling Information Letter
- Privacy of Personal Information Statement

When you sign this document, it will represent a contractual agreement between us.

CONSENT

I, _____ (full name & surname of client), understand that Christine Copley is a Registered Counsellor and is registered with the Health Professions Council of South Africa (HPCSA). I hereby consent to receiving counselling from Christine Copley (Registration number: PRC0037095). I have the right to withdraw from counselling at any time.

In the case of a minor under 14 years of age, both parents or guardians are required to sign consent below:

We, _____ (full name & surname of mother/guardian)
and _____ (full name & surname of father/guardian),
consent to my child, _____ (full name and surname of minor)
receiving counselling from Christine Copley (PRC0037095).

I/We further acknowledge and give consent to the following:

1. I understand that the content of the counselling conversation will be private and confidential. However, I also understand that there are certain limitations to confidentiality as explained in the *General Counselling Information Letter*.
2. I am aware of the conditions related to cancellations of appointments.
3. I am aware of the rates of the psychological services offered.
4. I am liable for the settlement of the account in full on the day of the session.
5. I am aware that the practice of Christine Copley does not provide assessments and reports for legal purposes or custody-related matters.
6. I have read and understand the content of the *Privacy of Personal Information Statement*. By signing below, I consent to the practice of Christine Copley to collect, process, and store my personal information in accordance with the provisions of the Protection of Personal Information Act, for all purposes related to the carrying out of treatment.

INDEMNITY

Whilst engaging in counselling sessions at *11 Tester Street, Vierlanden, Durbanville*, I, the client, accept full responsibility for my safety on the premises. I fully indemnify the counsellor, Christine Copley; the landlord; and any other persons associated with this property. I indemnify the above-mentioned persons, including, but not limited to any injury, damage, loss, or death resulting from any cause whatsoever.

In the case of minors, this indemnity is accepted, understood, and signed by the legal guardian. Any person/s that accompany the client to the premises is also the full responsibility of the undersigned client. The cost associated of replacing, or repairing damage to any part of the property, however caused by any of the above mentioned, shall be paid for by the undersigned.

Signed: _____ (Client)

Signed: _____ (Father/Guardian)

Signed: _____ (Mother/Guardian)

Date: _____