



FP Counselling & Wellness

Fathima Pochee – Specialist Wellness Counsellor (ASCHP SWC23/1851)

123 Protea Avenue, Mansingh Medical Centre, Lenasia, 1821

www.fpcounselling.co.za / info@fpcounselling.co.za / 082 418 2492

Client Consent Form: Minors

Minor's Full Name: _____

Minor's Date of Birth: _____

Parent/Guardian Full Name: _____

Parent/Guardian Contact Number: _____

Parent/Guardian Email Address: _____

Relationship to the Minor: _____

Address: _____

Reason for Counselling: Please briefly describe the main reason for seeking counselling for the minor:

Emergency Contact Information

Emergency Contact Name: _____

Relationship to the Minor: _____

Emergency Contact Phone Number:

Consent and Confidentiality

1. I understand that the counsellor will make every effort to maintain the confidentiality of the counselling sessions, except in the following situations:
 - If the minor is in immediate danger of harming themselves or others
 - If the minor reports any form of abuse or neglect in any form
 - If a referral is required to another medical professional
2. **Both** parents/guardians' consent is required – no sessions will take place without both parents/guardians' consent
3. I understand that I may be involved in the counselling process, and the counsellor may request separate sessions with me and/or the minor, as deemed necessary
4. A minimum of three (3) sessions will be required before providing feedback to the parents/guardians/caregiver
5. I understand that the counsellor will discuss limits to confidentiality and the counselling process with the minor at an age-appropriate level
6. All personal information disclosed will not be used for any purposes other than a counselling record. As per legal requirements, written records are kept safely for a period of 5 years and will be destroyed thereafter
7. The counselling session will be 50 minutes for in-person or online sessions.
8. If the client is late, the session will end at the scheduled time
9. Sessions that exceed 50 minutes will be charged for at R100 per 15 minutes
10. The session will be cancelled if the client and/or parent, guardian or caregiver displays aggressive or inappropriate behaviour
11. Sessions cannot be recorded by either the client or counsellor
12. A *brief* update will be given to parents/guardians at the discretion of the counsellor but the clients confidentiality remains a priority
13. No reports will be written for legal purposes
14. Rate information: R450 per individual session (50 mins) and R500 per family session (60-70 mins)
15. Sessions to be paid for *before* the session, via EFT or PayPal (international clients only)
16. Sessions cancelled less than 24 hrs before the appointment will forfeit the session fee
17. Sessions cancelled with more than 24 hours' notice will be eligible to be rescheduled at no additional fee

Banking details

F. Lorgat

Al Baraka Bank

Account number 786 000 19903

Branch code 800000

I, the undersigned parents/guardians, give my consent for my minor child to participate in counselling sessions with Fathima Pochee, Specialist Wellness Counsellor (ASCHP SWC23/1851), for either online or in-person sessions

Parent/Guardian full name and signature required

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Date: _____