

# Vicky Fabricius Counselling Psychologist

PR 0363138  
9A Firmount Road  
Sea Point  
vickyfabricius@wol.co.za, Cell: 083 633 0834

## **Partner 1 Personal Details**

Name and surname \_\_\_\_\_  
Tel \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Postal address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
ID Number \_\_\_\_\_  
Relationship to main member \_\_\_\_\_  
Medications used \_\_\_\_\_

## **Partner 2 Personal Details**

Name and surname \_\_\_\_\_  
Tel \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Postal address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
ID Number \_\_\_\_\_  
Relationship to main member \_\_\_\_\_  
Medications used \_\_\_\_\_

## **Medical Aid Details**

Medical aid \_\_\_\_\_  
Medical aid number \_\_\_\_\_  
Medical plan \_\_\_\_\_

## **Main Member Personal Details**

Name and surname \_\_\_\_\_  
Tel \_\_\_\_\_  
Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Postal address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
ID Number \_\_\_\_\_

**Psychological Services Information** (PLEASE READ CAREFULLY)

**Confidentiality**

By law, psychological services are confidential. I need your permission to discuss your case with anyone else. However, there are some limits to confidentiality: I may be required to discuss your case without your permission under some exceptional circumstances. Such circumstances include, but are not limited to:

- being ordered to disclose information in a court of law
- emergency situations which might place you or others in danger
- mental health emergencies requiring urgent intervention
- circumstances which psychologists are required to report by law (eg. evidence of child abuse or fraud)
- circumstances where you have given your psychologist consent to release information to specific persons for specific purposes
- supervision with other psychologists

The same rules about confidentiality apply to online counselling.

**Medical aids**

Most medical aid schemes require a diagnosis before they will reimburse for services. If you do not want me to state an accurate diagnosis on your accounts, please discuss this with me.

**Fees**

My fees are in keeping with medical aid rates. I charge R1000 for a couple session. **My rates increase on an annual basis.**

**Undertaking**

I, \_\_\_\_\_ (Your full name), hereby agree that:

I, \_\_\_\_\_ (Your full name), hereby agree that:

1. I understand and accept the terms of the contract and that all the information I disclosed in this document is correct and true.
2. I am liable for all costs including legal and debt collection costs should it arise due to unpaid accounts.
3. I am solely responsible for the payment of the account regardless of having a medical aid or any other fund.
4. It is my responsibility to ensure that all accounts are paid by the stipulated date. No reports will be released if the accounts are not paid in full.
5. **In the event of a cancellation I should provide 48 hours notice in advance otherwise I will be liable for full payment of the service being provided.**

Your signature below indicates that you have read the information in this document, that you have understood it and that you agree to abide by its terms for as long as you are my patient.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_