

**CLIENT CONSENT FORM**

**COUNSELING** is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a relationship between you and a trained, professional counsellor who has the desire and willingness to help you accomplish your individual goals. Counseling involves sharing sensitive, personal, and private information that may at times be distressing. During the course of counseling, there may be periods of increased anxiety or confusion. The outcome of counseling is often positive; however, the level of satisfaction for any individual is not predictable. As counsellor, I am available to support you throughout the counseling process.

**CONFIDENTIALITY:**

**All interactions with Counseling Services, including scheduling of or attendance at appointments, content of your sessions, progress in counseling, and your records are confidential. You may request in writing the release of specific information about your counseling to persons you designate.**

**EXCEPTIONS TO CONFIDENTIALITY:**

- Your counsellor may consult with other professionals in the field to provide the best possible care. These consultations are for professional and educational purposes.
- If there is evidence of clear and imminent danger of harm to self and/or others, as counsellor it is legally a requirement to report this information to the authorities responsible for ensuring safety.
- South African law requires that Counseling Professionals who learn of, or strongly suspect, physical or sexual abuse or neglect of any person under 18 years of age must report this information to child protection services.
- A court order, issued by a judge, may require the Counseling Professional to release information contained in records and/or require a counsellor to testify in a court hearing.

Please notify if you will be late for a session. Twenty-four hour notice of cancellation is required.

There is a R650 fee for family counseling services. If claiming from a medical aid, a separate document must be completed with the medical aid details.

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**I have read and discussed the above information with my counsellor. I understand the risks and benefits of counseling, the nature and limits of confidentiality, and what is expected of me as a client of Amelia Schwartz Counseling.**



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*Signature of Client*

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*Signature of Counsellor*

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*Date*