

## **INFORMED CONSENT**

This document signifies the client and/ parent's voluntary consent to services offered by Sne Makhathini (Counselling Psychologist)

Psychologists are required to maintain very strict standards with respect to confidentiality, because of the personal and sensitive nature of the case material they routinely deal with. All information disclosed within sessions is confidential and may not be revealed to anyone without your permission, except where disclosure is required by law. Disclosures may be required under the following circumstances: Reporting suspected child or other abuse; Reporting imminent danger to client or others; Reporting information required in court proceedings; Defending claims brought by the client against the practice.

I ..... (full name) confirm that prior to engaging in this process I was given or referred to sufficient information to understand the nature of the process. This information includes the nature of the services, the psychologist's professional identity, possible risks, and benefits of assessment and/or therapy, nature of confidentiality - including legal and ethical limits, and alternative treatments available.

My signature below affirms my informed and voluntary consent to this process. With the understanding of the above information and conditions, I agree to participate in the assessment/therapy process with the knowledge that the Psychologist will always act in good faith.

**In case of a Minor client**

I/ we .....are the legal guardian/s of ..... understand the above information and conditions and give permission for my child to participate in the assessment/therapy process.

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Client's Signature

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Date

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Psychologist's Signature

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Date