

LUCY ROBINSON  
EDUCATIONAL PSYCHOLOGIST

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M. Ed. (Ed Psych) (UJ). B. Ed. Hons (Ed Psych) (UJ). B. Ed (WITS)  
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COVID-19 - Please note that by signing this document, you acknowledge the risks involved in attending face-to-face therapy/assessment sessions during the COVID-19 pandemic. Safety precautions will be adhered to as far as possible but in the case of assessments, wearing a mask can hamper the assessment process as the client cannot see the psychologist's mouth and may not clearly hear the psychologist.

**INFORMED CONSENT TO EDUCATIONAL PSYCHOLOGICAL SERVICES**

**for clients over 18 years of age**

This document contains important information regarding the professional services offered by Lucy Robinson (hereinafter referred to as 'the psychologist'). Once signed, it will serve as an agreement between the psychologist and the client.

Client's Full Name			
Date of Birth		Gender	
Age		Marital status	
R.S.A. I.D. number		Occupation	
Cell phone		Alternative contact no.	
Email address			
Current address			
Medical Aid details for inclusion on invoice - if required			
Name of medical aid			
Membership number			
Name of principal member			
Principal member ID No.			

Person Responsible for payment (if different from client)	
Name	Cell phone
Address	
Email address	

Details of a relative to contact in case of emergency – Relationship to you:	
Name	Cell phone

**SCOPE OF PRACTICE:** Lucy Robinson is an Educational Psychologist registered under the Health Profession's Act. Regulation 993 of the said act stipulates that psychologists may evaluate, diagnose and treat behaviour, mental processes, emotions and personality, and may engage in psychological acts defined by the said regulation.

**SERVICES OFFERED:**

**Career Assessment:** These assessments are offered to clients who wish to gain further information about suitable careers based on their aptitude, personality and interests. The assessment can assist clients who are at the start of their career journey, or clients who are in the process of making a change in their career. A combination of quantitative and qualitative assessment measures is used to assist the client in gaining valuable information in order to make informed career decisions. Generally, a client is assessed over two sessions after which a report is compiled by the psychologist. A feedback session will be arranged with the client approximately 2-3 weeks after the assessment. The client will receive a hardcopy of their assessment report and a copy can be sent via email after the feedback session has taken place.

**Psychotherapy:** The purpose of the therapeutic services offered by the psychologist is typically short-term, strength-based therapy which focuses on assisting clients to access their already existing resources and coping abilities as a mobilization tool to cope as best as they can. Although an Educational Psychologist can (according to the HPCSA) provide expert knowledge and/or opinion on various matters, this is permissible only after correct training and adequate competency levels have been reached. The role of the psychologist in this case is not to mediate in cases of divorce or to provide directives in terms of visitation rights etc. By signing this document, you agree not to involve the psychologist in any legal dispute, especially a dispute concerning custody or custody arrangements or child visitation rights.

Therapeutic interventions (psychotherapy/counselling) can take place individually or in groups for various reasons. The benefits of psychotherapy are vast and include helping an individual/s gain new understanding of possible challenges and develop ways of coping and possibly solving difficulties. Psychotherapy works to facilitate existing resilience and resources of strength. The process of psychotherapy can also evoke feelings that can be difficult for the client to process. It is important to monitor your response to therapy and to promptly mention any concerns with the psychologist throughout the therapeutic process. Therapeutic progress cannot always be guaranteed as this is influenced by a client's readiness for change as well as various other factors such as developmental stage and environmental context. If in their professional judgement, the psychologist believes that they are not able to offer a client the best possible service, a referral to another professional who can better meet the needs of the client will be made in consultation with the client.

**CONFIDENTIALITY:** Except for specific events described below, the client has the right to confidentiality regarding all psychological services rendered to them. The National Health Act (Act No.61 of 2003) states that all individuals have a right to confidentiality, and this is consistent with the right to privacy in the South African Constitution (Act No. 108 of 1996). Rule 27 of the Rules of Conduct Pertaining specifically to the Profession of Psychology states that a psychologist may disclose confidential information –

- only with the permission of the client concerned;
- to protect a client or other persons from harm;
- to obtain payment for a psychological service, in which instance disclosure is limited to the minimum necessary to achieve that purpose;
- when required to do so by law or a court of law.

Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to the psychologist that the client presents a danger to others.

**RECORD KEEPING:** Professional guidelines stipulate that treatment records are kept; information is collected relating to the client and their physical and mental health. This information may include the following: *personal and family history, reasons for seeking treatment, brief progress notes of the discussion in the sessions, records received from other health care providers or stakeholders, psychological assessment scores, billing and medical aid information.*

**COMMUNICATION AND TRANSMISSION OF ELECTRONIC INFORMATION:** As the core principle of our communication is confidentiality, social media platforms are not an appropriate means of engaging. Please use this cell phone number during office hours - **063 990 4807** – to call or send a text/WhatsApp message, or this email address – [info@lucyrobinson.co.za](mailto:info@lucyrobinson.co.za) as your only form of communication. Please note that communication via WhatsApp and/or email will be used mainly for administrative purposes (booking/cancelling sessions etc.). Some feedback may be shared via WhatsApp/Email as deemed necessary and appropriate. Scheduled feedback sessions will be organized to discuss the therapeutic and/or assessment process and you are welcome to schedule a face-to-face feedback session with the psychologist, should you wish to discuss anything. Please avoid communicating sensitive information, that you would otherwise wish to be kept confidential, over text message, voice mail or email, unless in a case of real necessity. Please be aware that if you choose to communicate personal information via electronic transmission, your emails will be retained in

the logs of your, or my, internet service provider. While under normal circumstances these logs are legally protected, they are, in theory, accessible to the system administrator(s) of the internet service provider.

**EMERGENCIES:** In the event of an emergency in which I am not immediately contactable by normal means, please note the following emergency support services:

- **SA Depression and Anxiety Group:** Suicide Crisis Line: 0800 567 567 24hr Helpline: 0800 12 13 14 or SMS 31393 (to be called back)
- **AKESO 24hr Psychiatric Services:** 0861 435 787
- **LifeLine National Counselling Line:** 0861 322 322

If the client believes that he or she cannot keep themselves safe, please call the emergency services, or go to the nearest hospital emergency room for assistance. If there is an emergency during therapy where the psychologist becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, he will do whatever he can within the limits of the law, to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, he may also contact the person whose name you have provided on the biographical sheet.

**DIAGNOSIS:** Medical Aids and the South African Revenue Service require a diagnostic code to be provided and reflected on invoices in order to process account payments (claims) or tax assessments. A diagnostic code (as detailed in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) or the International Classification of Diseases 10 (ICD-10) is provided for this purpose and will be discussed with you.

**NEGOTIATION AND MEDIATION POLICY:** The client shall try to resolve any dispute by negotiation, in the event of claims, disputes, and controversies arising out of, or in relation to the performance, interpretation, application, or enforcement of this agreement, including but not limited to breach thereof. This entails that one party invites the other in writing to a meeting to attempt to resolve the dispute within 7 (seven) days from date of the written invitation. If the dispute has not been resolved by such negotiation concerning this agreement, the parties will be referred to mediation before, and as a condition precedent to, the initiation of any legal action or proceeding, including arbitration.

Mediation may be initiated by either party writing to the other party or identifying the dispute which is being suggested for mediation. The parties agree to participate in the mediation in good faith and undertake to abide by the terms of any settlement reached. The parties hereto agree that the Ombudsman for the Health Professions Council of South Africa will be the elected body to hear any such necessary mediation, as is provided for in the Health Professions Act No. 56 of 1974.

**FEES:** This is a cash practice and I am contracted out of medical aid. Payment for services rendered is entirely and solely the responsibility of the client or the parent(s) or legal guardian(s) of a client under the age of 18 or for a client over the age of 18 if specifically indicated being responsible for the account. The onus is on the client or parent/guardian to claim from their respective medical aid if needed. Payment for psychotherapy can be made via card at the end of each session or alternatively cash can be paid at the end of the session. Please see banking details at the end of this document.

**PLEASE NOTE THAT NOT ALL MEDICAL AIDS PAY EDUCATIONAL PSYCHOLOGISTS AND THUS THE RESPONSIBILITY IS WITH THE CLIENT (OR PERSON RESPONSIBLE FOR PAYING THE ACCOUT) TO CONTACT THEIR MEDICAL AID TO CLARIFY IF SESSIONS CAN BE CLAIMED FOR. IT IS NOT THE RESPONSIBILITY OF THE PSYCHOLOGIST TO CONTACT THE MEDICAL AID. PAYMENT FOR EACH SESSION IS TO BE MADE DIRECTLY AFTER THE SESSION.**

**Current fees are as follows:**

**Career counselling & assessment: R5850** – This includes the administration of the questionnaires, therapeutic tools, and informal discussions, scoring of the questionnaires, a written report as well as a feedback session to the client.

**Psychotherapy: R950 per 45-minute session** (in person and via Zoom) and **R1070 per 60-minute** (1 hour) session (in person or via Zoom). Please note that written reports are not provided for psychotherapy.

**CANCELLATION:** Since the scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 24 hours' notice** is required for re-scheduling or canceling an appointment. Grace of ONE missed appointment will be granted, however, the psychologist cannot allow more than one missed appointment without charging accordingly, as this slot cannot be given to another client without notice. On the second missed appointment, the full fee will be charged for sessions missed without such notification. Due to the nature of hourly appointments, the onus lies with the client to be on time. Unfortunately, if the client is unable to make their agreed upon scheduled time, their session will still terminate at the scheduled time. Thank you for your understanding.

**SIGNATURES**

Witnessed by my signature below, I confirm that:

1. this document has been read and understood and I agree to its terms and policies;
2. consent is granted to Lucy Robinson to render psychological services to me as per the information and guidelines contained in the document and as discussed with me, either at an intake consultation or telephonically.

**CLIENT**

SIGNED AT (PLACE) \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 201\_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**PSYCHOLOGIST**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**BANKING DETAILS:**

LA Robinson

FNB Cresta

Savings Account

Branch code: 250 655 (Universal FNB branch code)

Account number: 62536385968

**CLIENT CONSENT CLAUSE TO PROCESS PERSONAL INFORMATION**

I hereby consent to the processing of personal information contemplated in the Protection of Personal Information Act No. 4 of 2013, by LUCY ROBINSON (Educational Psychologist), the practice staff, and third parties with whom LUCY ROBINSON has a contractual relationship with for the following purposes:

- TREATING AND MANAGING ME/MY CHILD IN TERMS OF A PRACTITIONER-CLIENT RELATIONSHIP. (THIS INCLUDES ALL FORMS OF COMMUNICATION, VIA EMAIL, WHATSAPP ETC.)
- THE ADMINISTRATION OF THE CONTRACTUAL RELATIONSHIP BETWEEN MYSELF/MY CHILD AND LUCY ROBINSON. (THIS RELATES TO KEEPING OF CLIENT CONSENT FORMS, SESSION NOTES, AND ANY THERAPEUTIC WORK DONE, OTHER THAN TALK THERAPY).
- COMMUNICATING WITH OTHER PERSONS AS IT RELATES TO EACH CLIENT (THERAPEUTICALLY AND/OR ASSESSMENT RELATED) AND CASE MANAGEMENT. (FOR EXAMPLE, SUPERVISION BY ANOTHER PSYCHOLOGIST, OR COMMUNICATION WITH A MEDICAL DOCTOR/PSYCHIATRIST)
- COMMUNICATING WITH THIRD PARTIES WHO HAVE UNDERTAKEN TO INDEMNIFY ME FOR THE COSTS OF MY SERVICES OR PART THEREOF, INCLUDING MEDICAL AID SCHEMES AND THEIR ADMINISTRATORS WHERE RELEVANT.
- COLLECTION OF MONIES OUTSTANDING FROM ME, BY FINANCIAL PRACTITIONERS.

SIGNED AT (PLACE) \_\_\_\_\_ ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ALTHOUGH THIS DOCUMENT IS LENGTHY, PLEASE ENSURE THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS STATED HEREIN BEFORE SIGNING THE DOCUMENT AND BEFORE RETURNING IT TO THE PSYCHOLOGIST. PLEASE CONTACT THE PSYCHOLOGIST VIA EMAIL SHOULD YOU HAVE ANY QUERIES REGARDING THE ABOVE INFORMATION.