



# COUNSELLING AGREEMENT FORM

This contract is between Micaela Kotzé, Wellness Counsellor (WC23/1696, NQF: 895) and \_\_\_\_\_, the Client.

This agreement has been dated and signed on the following **Date**: \_\_\_\_\_

The Client's Address is as followed:

\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

General Practitioner: \_\_\_\_\_

## THE COUNSELLOR:

I am a Wellness Counsellor, registered with the ASCHP (Association for Supportive Counsellors and Holistic Practitioners). I am thus bound by its code of ethics and my scope of practice; thus I am also subject to its complaints procedure.

As a Wellness Counsellor, I make use of a systems approach to counselling, which means that I help you in actively working to achieve wholeness within the integrative unit of your mind, body and

ASCHP Membership Number: WC23/1696  
NQF Registration Number: 895



spirit. I seek to establish a safe counselling relationship with you and to help you with whatever is troubling you and working towards finding a better way forward for you in your life.

### **CONFIDENTIALITY AND RECORDS:**

The content of the sessions is confidential and strictly between myself and the client (the person who signs this, and in the case of minors, please refer to the Informed Consent Form). I will need to discuss my work when in a supervision group with fellow counsellors. However, I will not use your name, nor any identifying details about you.

On extremely rare occasions, if I discover that there is a need to communicate with other professionals, this will only happen by first seeking your written permission and consent and by informing you on what will be discussed. For more information on this matter, please refer to the Informed Consent Form.

I make brief notes during and or after every session as this helps me to monitor my work. You will under no circumstances be identifiable in these documents and records and they are also securely stored both on my Laptop and in a safe on the premises, to which only I have the key to. These notes get destroyed in five years time.

If I believe that you will cause serious physical harm to both yourself or another person, then I will not be able to retain confidentiality and will need to inform all relevant parties. Please refer to the Informed Consent Form and Document for more information in regards to this scenario.

### **SESSIONS AND FEES:**

Sessions will be for 50 minutes per session as frequently as what the client would like and or needs.

The fee for your session will be R300. We will leave each session with an open ending, should you wish to cease counselling, you may do so at any time, but I ask that we meet for at least one session following your decision. This is deemed important and necessary in order to have a proper ending.

A sliding-scale fee adjustment can be applied, should you be able to provide proof of income. I will then adjust the fee for each session according to what you can afford. Please note, that if you move to a profession or workplaces, you are required to resubmit your proof of income again, in order to continue with the fee-adjusted prices. Proof of income will be required every six months to ensure that all parties are being truthful.



*This contract means that you have agreed to pay for the counselling that you or in the case of a minor, your child, will be receiving.*

### **CANCELLATION:**

I require at least 48 hours' notice if you wish to cancel a session. If less than 48 hours' notice is given by you (exception being in the case of an emergency), the full fee will be payable at the next session.

***In the event of me not being able to provide you with a session due to me being unwell or any other emergency, I will give you as much notice as possible and offer you an alternative date and time.***

I will ***NOT*** see you, should you be under the influence of alcohol and or drugs. This is due to the code of ethics that I am bound to. Should you be intoxicated and or under the influence of drugs, alcohol or any other substance(s), I reserve the right to choose whether you enter the counselling premises or not. I can still see you, but I will not be seeing you as a counsellor, as that is against the ethical code, and you will not be charged. However, should this be a recurring episode of events, further action will be taken as, if and when needed.

### **PLEASE ENSURE THAT YOU HAVE READ THIS CONTRACT THROUGH WITH THE UTMOST OF CARE:**

Check that it is what we have agreed to, together today. If you wish to negotiate any changes, I will be happy to discuss this with you and make changes as necessary before you sign.

I am committed to offering good practice, thus my medical malpractice insurance and professional indemnity insurance is in action. Should you find yourself unhappy with the services that I have provided you with, you can contact the relevant parties.

***This agreement is fully understood and agreed to and is signed, as it stands, by:***

Name: \_\_\_\_\_, The Client  
and

\_\_\_\_\_, the Wellness Counsellor.



Signature of the Wellness Counsellor: \_\_\_\_\_

Signature of the Client and or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_