

# TALITA VELDSMAN

PS 0109916 / PR.NO. 0377686

Thera – Ed Centre - 88 Michelle Ave - Randhart - Alberton - Tel/Fax: 869-1200

## CONTRACT – CONDITIONS OF TREATMENT

Please read carefully and discuss with psychologist where necessary

### MEDICAL AID TARIFFS – CONTRACTED IN:

2014 Rates

		<u>Discovery</u>	<u>Others</u>
<b>Code 203:</b> Psychological assessment, consultation, counselling and / or therapy.	<b>Duration 31 – 40 min:</b>	<b>R 566.60</b>	<b>R 476.30</b>
<b>Code 204:</b> Psychological assessment, consultation, counselling and / or therapy.	<b>Duration 41 – 50 min:</b>	<b>R 647.30</b>	<b>R 612.30</b>
<b>Code 205:</b> Psychological assessment, consultation, counselling and / or therapy.	<b>Duration 51 – 60 min:</b>	<b>R 728.50</b>	<b>R 748.50</b>
<b>Code 206:</b> Psychological assessment, consultation, counselling and / or therapy.	<b>Duration 61 – 70 min:</b>	<b>R 809.40</b>	<b>R 884.40</b>

\* Please enquire on Medscheme rates.

In accordance Medical Aid Tariffs additional fees will be charged at each subsequent 10 – minute interval.

### ACCOUNTS

The client has primary responsibility for settlements of the medical accounts. We will submit the accounts electronically to the medical aids and send a monthly statement to the main member. If an account is not paid timorously by the medical aid, the member is personally responsible for the payment.

### CONFIDENTIALITY

Confidentiality is ensured. However, when it is in the best interest of the client or family to disclose necessary information, e.g. in case of threatened suicide, molestation, rape, incest of other life threatening events, it will have to be discussed with parties involved. This will always be managed as sensitive as possible.

### APPOINTMENTS

Failure to give at least 24-hour notice of inability to keep an appointment will result in consultation fees still been charged.

Some of the reasons for charging for no-shows are the following:

- The missed appointment could have been used for emergency situations.
- Clients on a waiting list could have been notified to fill the booked period.

Reports are often requested by teachers or lawyers and will only be released once you have given consent.

### DISCLAIMER

The staff and owner will not be held responsible for any losses, theft or damage to vehicles or personal injury suffered on these premises.

I \_\_\_\_\_ (clients name)

### I understand that:

- I **must** inform the counsellor **24 hours in advance** if I will not be attending the session. I further understand that should I not cancel within 24 hours, I shall be charged for the missed consultation.
- I must inform the counsellor as soon as possible should I need to cancel an appointment due to an emergency. I further understand that an emergency situation would include a motor vehicle accident, a sudden illness, and **would not** include a work deadline, transport difficulties, **traffic delays**, concurrent appointments with other Medical Practitioners, foreseen illnesses etc.
- Take note that your child cannot attend therapy when suffering from any children ailments i.e. head lice, chicken pocks, measles, early onset of flu or any other contagious diseases. You will be required to cancel 24 hours in advance and make a new booking when the child is no longer ill, in hospital or no longer contagious. If the Therapist becomes aware during the session that the child is suffering from any children ailments as mentioned above, the Therapist has the right to terminate the session immediately and charge for the full session.

I ..... **ACCEPT THE ABOVE TERMS OF THIS CONTRACT**

SIGNATURE .....

**I ALSO GIVE MY CONSENT TO THE PSYCHOLOGIST TO RELEASE A REPORT TO THE SCHOOL EDUCATOR/LAWYER/MEDICAL AID AND / OR ANY OTHER SOURCES REQUESTING A REPORT.**

SIGNATURE: ..... DATE: ..... THANK YOU