



Obert Rukato
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INFORMED CONSENT FOR PSYCHOTHERAPY

Client Name: _____

Date of Birth: _____

ID / Passport Number: _____

Contact Number: _____

Email Address: _____

Nature of Therapy

The therapeutic approach used will be informed by your needs and may include integrative and psychodynamic/psychoanalytic, trauma-informed and relational approaches.

Therapy may sometimes involve experiencing difficult or uncomfortable emotions as part of the process. While many clients experience improvement, no specific outcomes can be guaranteed.

Voluntary Participation

Your participation in therapy is voluntary. You may ask questions at any time and may choose to discontinue therapy at any point.

Confidentiality

All information shared in therapy is treated as confidential and managed in accordance with the ethical rules of the Health Professions Council of South Africa (HPCSA) and relevant South African legislation, including the Protection of Personal Information Act (POPIA).

Information will not be shared with third parties without your written consent, except in the following circumstances:

- If there is a serious and imminent risk of harm to yourself or another person.

- If there is reasonable suspicion of abuse, neglect or exploitation of a child, older person, or vulnerable person.
- If records are subpoenaed by a court of law.
- If disclosure is otherwise required by law.

Where possible, such disclosures will be discussed with you.

Use and Storage of Personal Information

Your personal and clinical information is stored securely and handled in line with POPIA. Records may be kept in electronic and/or paper format and retained for the legally required period.

Professional Consultation and Supervision

Your psychologist may consult confidentially with professional supervisors or colleagues for clinical and ethical support. Your identity will be protected as far as reasonably possible.

Appointments, Fees and Cancellations

Late cancellations or missed appointments may be charged in accordance with practice policy.

Online / Telepsychology Sessions (If Applicable)

If sessions take place online, reasonable steps will be taken to protect your privacy. However, electronic communication carries inherent risks. You are encouraged to participate in online sessions from a private and secure location.

Emergency and After-Hours Support

Psychotherapy sessions are not intended as an emergency service. In a crisis or emergency, you should contact local emergency services, your nearest emergency department, or an appropriate crisis service.

Questions and Ongoing Consent

You are encouraged to ask questions about therapy at any time. Consent to therapy is an ongoing process and can be reviewed during the course of treatment.

Consent for Minors (Clients Under 18 Years)

If the client is under the age of 18 years, consent for psychotherapy must be provided by a parent or legal guardian, in line with South African law and HPCSA ethical guidelines.

Parental / Guardian Consent

The parent or legal guardian gives permission for the minor to participate in psychotherapy.

Assent of the Minor

Where developmentally appropriate, the minor will be provided with information about therapy in a way that they can understand, and their willingness to participate (assent) will be sought and respected.

Confidentiality and Parents / Guardians

The psychologist will aim to respect the minor's privacy and confidentiality as far as possible and clinically appropriate.

General themes of therapy and progress may be shared with parents or guardians when this is clinically helpful. However, specific content discussed by the minor will usually remain confidential unless:

- there is a serious and imminent risk of harm to the minor or another person;
- there is reasonable suspicion of abuse, neglect or exploitation;
- disclosure is required by law; or
- the minor provides permission for information to be shared.

The limits of confidentiality with parents or guardians will be discussed at the start of therapy and reviewed when necessary.

Consent:

I confirm that:

- I have read and understood the information in this consent form.

- I have had the opportunity to ask questions.
- I understand the limits of confidentiality.
- I voluntarily agree to participate in psychotherapy.

Client Name: _____

Client Signature: _____

Date: _____

Additional Signatures for Minors (if applicable)

Name of Minor: _____

Minor's Signature (if appropriate):

Date: _____

Parent / Legal Guardian Name:

Relationship to Minor: _____

Parent / Legal Guardian Signature:

Date: _____