

CLIENT CONTRACT

Dear Client

This document contains important information about my professional services and business policies. Please read it with care and sign it. If you have any questions or concerns, please discuss them with me.

Thank you for choosing this practice; my office is in the warm surroundings of a home with a lovely garden. My area of interest is providing psychological assessments to children or adults involved in learning and education. My therapeutic interventions are directed for the client's sole benefit.

I do not do forensic or legal work or assessments intended for litigation. Should information not be revealed initially yet comes to light later that impacts on the nature of the assessment this will be dealt with on an individual basis.

In order for me to render a service to you, I need to do a complete evaluation. In the course of this evaluation I will ask you a number of questions. Some questions may be highly personal, but I will not ask anything that is not pertinent. Should it be necessary for the integrity of the psychological testing to interview other people to obtain additional information, I will only do so with your consent. Any information gathered will be treated confidentially and will be contextualised as part of my evaluation and will be shared and explained in the report and feedback.

Please be sure as to why the assessment is being conducted and, if the request was initially from a third party, such as an educational facility or a therapist, please gather as much information from them as possible to assist the process. *Be clear as to what you expect from this process.* There are *no* results or outcomes guaranteed in assessments. You will receive a professionally conducted assessment using valid and reliable instruments. All the results will be integrated and the work and results will be transparent. Raw data, including questionnaires from third parties is not shared but will be interpreted objectively in the context of you and the circumstances surrounding the assessment.

Confidentiality

I will treat all the private information I collect about you and your family as confidential. I will not disclose any information about you without your written consent. In certain exceptional circumstances, however, legal or professional rules may force me to disclose information obtained in the assessment. This will include: emergency situations, statutory duty and court orders. I will not issue a psychological report to a third party until I have given you a copy of the relevant document and obtained your written consent.

I occasionally find it helpful to consult with other health and mental health professionals about a case. During a consultation I make every effort to avoid revealing the identity of the person I am discussing. The professional being consulted is ethically bound to keep the information discussed in the consultation confidential.

Payment, Appointments and Business Hours

You will be expected to pay for the session in full at the time it is held, unless we agree otherwise. Please note that no written report is provided until the account is settled in full although a verbal feedback can be arranged. Medical aid or tax invoices will be provided at the feedback appointment.

The cost of the assessment covers the assessment time with you, the written report and the feedback to you (the feedback should take approximately 45 minutes). All other services resulting from this assessment will be billed for separately, such as additional consultations with other therapists, other professionals, etc., though only conducted at your request. Any further letters or documents requested, over and above the report, will be charged for.

Should you not be able to keep an appointment you must please cancel it. A feedback session must be cancelled a minimum of 24 hours prior to the appointment, otherwise it may not be possible to re-schedule and your report, providing the account has been settled in full, will be forwarded to you via email as opposed to a verbal feedback. Any information emailed will be sent as a PDF protected document.

I do not give information straight after the assessment as it is important that the information is seen holistically; unless an appointment is urgently needed with another professional, in which case the relevant reference will be made. Please understand that it is in your best interests for all of the information to be consolidated and taken into consideration.

As I work on an appointment basis, I will not be able to exceed the time set aside for a session and all sessions will start at the appointed hour. Should you arrive late for a session, without making arrangements timeously, the relevant session will be shorter and the full session will be charged. My hours of business are **Monday to Friday 8 am to 3 pm**. Appointments can be requested, though may not always be available, on weekends or outside of business hours.

Credit and debit card facilities are not available at this practice. If you would like to pay via direct deposit or electronic transfer, payment should be made into the following account:

Banking details:

Melanie Hartgill, First National Bank, Eastgate branch: code 257705, Cheque account: 62006905238

Your payment must state your name as a reference so that your account can be credited accordingly. Please give me a copy of the deposit slip or record of transfer. This can be faxed or emailed to me.

If your account has not been paid for more than 30 days, and arrangements for payment have not been agreed upon, I have the option of using legal means to secure payment. This will require me to disclose otherwise confidential information. If such legal action is necessary, the cost of this legal action will be for your account.

Please note that the person responsible for the payment of the account must be the same person who has read and signed the contract.

By signing this document, I confirm that;

- I have read and understood the conditions of assessment as stated in this contract.
- I understand the importance of being honest and forthcoming with the information I provide in the assessment.
- I understand that all the information I provide, all the work I complete and any observations of my behaviour can be included in the assessment report.
- I understand that the testing process involves the completion of a variety of psychological assessment instruments and personal interviews.
- I have had the opportunity to carefully read this document, to ask and have answered, any questions or concerns I have about it or arising from it.
- I have read and understood the conditions of assessment and payment as stated in this contract.
- I understand that I am personally responsible for the payment of this account at the time of the assessment unless otherwise arranged.

Full name: _____

Signed: _____

ID number: _____

It is important to note that coming for an assessment is an automatic acceptance of the terms and conditions as laid out in this document whether you have signed this document or not.