INFORMED CONSENT

I. Confidentiality

Your confidentiality is protected by law and professional ethics, except in the following cases:

1. If there is suspected child abuse, elder abuse, or harm to a vulnerable person.
2. If there is a direct threat to harm yourself or others.
3. If subpoenaed by a court of law.
4. If you provide written consent for the release of your records.

Additionally:

- All electronic communication (e.g., email, SMS) may compromise confidentiality.
- ICD-10 codes may be disclosed to medical aids upon request.

II. Data Protection and POPIA Compliance

1. All personal and sensitive information is processed in compliance with the Protection of Personal Information Act (POPIA).
2. Your data will only be used for psychological intervention, billing, and communication.
3. Information may be shared with third parties (e.g., billing agencies) only with your consent or as required by law.
4. Please indicate your consent for electronic communication by my billing company CollectMed:

- □ I consent to communication via email/SMS.

III. Fees and Payment

1. Please contact me to enquire about my hourly rate. Fees increase annually.
2. Payment is due electronically upon receipt of the invoice.

IV. Cancellation Policy

1. Sessions must be canceled with a minimum of 24 hours' notice.
2. Failure to cancel within this timeframe will result in the full session fee being charged.
3. Missed sessions cannot be billed to medical aid.

V. Emergency Procedures

I am not available for emergency services. In the event of a psychiatric emergency, please contact:

- Lifeline: 0861 322 322
- Or visit your nearest emergency room.

VI. Litigation and Subpoenas

1. I do not participate in legal proceedings, custody disputes, or provide expert testimony.
2. If subpoenaed, you will be responsible for all associated fees, billed at _____ per hour for preparation, travel, and court appearances.

VII. Termination of Therapy

1. Therapy may be terminated by mutual agreement or if payment is not made.
2. Clients have the right to terminate therapy at any time.

VIII. What is Psychotherapy?

Psychotherapy is a process to help you understand your emotional difficulties, improve personal relationships, and manage mental health challenges. It involves a collaborative relationship between you and your therapist to achieve agreed-upon goals.

Agreement to Psychological Services

By signing this document:

1. I confirm that I have read, understood, and agree to the terms outlined above.
2. I consent to engage in psychological services provided by Leslie Faria Mendes.
3. I am aware of my rights under the POPIA Act, including the right to withdraw consent for data processing.

Client Signature: Date:

Guardian Signature (if applicable): Date:

Therapist Signature: Date: