

Registered as Specialist counsellor with the Council for Counsellors in South Africa and registered as a Religious Specialist in Christian Pastoral Counselling with the council for Pastoral and Spiritual Counsellors.

Dr Nadine Dunn
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M.Ed, NGOS, B.A. Hons, B.A
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Confidential minor/dependent client information and consent

Minor/dependent information

Surname: _____ Full name: _____
Nickname: _____ Email: _____
Address: _____
Postal address: _____
Tel: (h) _____ (c) _____
Age: _____ Current grade: _____ Date of birth: _____

Parent/guardian/person responsible for account information

Surname: _____ Full name: _____
ID Number: _____ Email: _____
Address: (when different from above) _____
Postal address: _____
Tel: (h) _____ (c) _____ (w) _____

Emergency contact (someone not living with the minor):

Name and surname: _____
Relationship to the minor: _____
Address: _____
Home phone: _____ Cellphone number: _____
General practitioner: _____ Tel nr: _____

In an emergency I _____ (parent/guardian) of _____, give Dr Nadine Dunn permission to call the above person/s for assistance to inform them of the minors condition and the need for assistance. I also grant permission for her to use other medical services if needed. I consent to treatment for my child/person in my care. I am responsible for the payment as is set out in the addendum.

Parent/guardian signature (Mother) _____ Date _____

Name of parent/guardian _____

Parent/guardian signature (Father) _____ Date _____

Name of parent/guardian _____

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1. WELCOME TO MY PRACTICE: HOW THINGS WORK

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign the document or at any time in the future.

2. RISKS AND BENEFITS

The counselling relationship works because of clearly defined rights and responsibilities held by each person. As a client in counselling, you have certain rights and responsibilities which you need to understand. There are also legal limitations to those rights that you should be aware of.

Counselling has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of counselling often requires discussing unpleasant aspects of your life.

However, counselling has been shown to have benefits for individuals who undertake it. Counselling often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees with regards to the outcome of counselling. Counselling requires a very active effort on your part. To be most successful, you will have to work on things we discuss - outside of sessions.

The first few sessions will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your counselling goals and create an initial counselling plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

3. LIMITS OF CONFIDENTIALITY

I have been advised by Dr. Dunn that at all communications with me and all records relating to the provision of counseling services to me are confidential and may not be disclosed *without my written consent*.

I have also been advised by Dr. Dunn that the law places certain limits on the confidential nature of the counselling service provided to me.

1. If I present an imminent danger to myself or others the law requires that steps be taken to prevent such harm;
2. If a child is in need of protection a report must be filed with the appropriate agency or authority;
3. If a vulnerable adult is abused or neglected a report may be filed with the appropriate government agency;
4. If a court orders the disclosure of records.

I do attend regular supervision where I may discuss your case with my supervisor or consultant; however, I will always maintain your anonymity. I also attend regular professional development so that you may get the best possible help.

I will keep encrypted case notes of your sessions on a secure password protected computer and will delete these after 7 years.

4. CONSULTATION TIMES

My Practice is open from Monday to Thursday between 09:00 and 17:00. If you need an appointment after 17:00 the cost is 1½ times the normal fee. I am not available on Fridays, weekends or public holidays.

5. APPOINTMENTS

Appointments will be 50 minutes in duration, once per week / every second week at a time we agree on, although some sessions may be more or less frequent as needed. The time scheduled for your appointment is assigned to you and you alone. You are responsible for arriving on time; if you are late, your appointment will still end on the scheduled time.

During an appointment you can expect my undivided attention. During the first appointment I will get a history from you. I usually take notes so that I am sure that I don't overlook anything that is of importance.

During a session, you will find that I often use silence. At first you will probably be uncomfortable with it, but I want to encourage you to use silence as a way of exploring what you are experiencing in your body- what are you becoming aware of and how intense that feeling is. When we are constantly busy, we miss the information that our body gives us.

To get the most of your appointment, I want to encourage you to be open about what you are feeling, your thoughts and experience. A lot will probably go through your head during the appointment. If you are not sure about something, please ask. The more you understand the counselling experience and how it works, the more comfortable you will be. It is also important to have realistic expectations with regards to changes that you expect within yourself. It is important to realize that counselling takes time and commitment.

As we begin, it is good to know the benefit of counselling is that you might find a way to feel better. This might involve naming what isn't working and trying new ways of dealing with your life. The work you do in counselling is a bit like putting together a toolkit. You have a chance to learn a whole bunch of new skills, so that when life gets hard, you can figure out which "tool" will best help you handle the problem or feeling. There are also challenges involved in counselling. For example, when I ask you to look at hard topics or times in your life, you may feel stronger than usual emotions. It may feel strange to try out some of the new skills that I suggest, and you may be surprised to find out some people in your life aren't supportive of what you are learning.

Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor. By signing this document, you agree that should I deem it necessary to contact your doctor, that I can do so. Contact with your doctor is not part of your appointment time and will be charged separately. Should your doctor request a report from me, the report will be charge separately. If your doctor needs to see me in person, an appointment should be booked. If your doctor is more than 5km away from my practice, you will be charged travelling cost according to the current AA rate. Traveling time is part of the appointment time.

If at any time during your counselling I determine I cannot continue, I will terminate counselling and explain why this is necessary. Ideally, counselling ends when we agree your counselling goals have been achieved. Additional conditions of termination include:

- You have the right to stop counselling at any time. If you make this choice, referrals to another counsellor can be provided.
- Professional ethics mandate that counselling continues only if it is reasonably clear you are receiving benefit.
- Other legal or ethical circumstances may arise and compel me to terminate counselling. In these cases, appropriate referral(s) will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies.
- Other situations that warrant termination include regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

As the end of the session is approaching, I will inform you that we must wrap up as we can't go over the scheduled time. Kindly note that if for whatever reason we go over the time, you will be billed for that time in 10-minute intervals.

6. CANCELLATION OF APPOINTMENTS

All appointments must be cancelled at least forty-eight (48) hours before the scheduled time otherwise a full appointment will be charged for in full. If a Monday appointment is cancelled it must be done so by 12h00 the preceding Friday. Should you fail to arrive for any scheduled appointment at the appointed time, you acknowledge that you will be liable for the full fee of that appointment.

No-shows and late cancellations (less than forty-eight (48) hours prior to the appointment time or after 12h00 the preceding Friday if my appointment is on a Monday) will be charged for in full, regardless of the reason (no refund will be issued in the case of clients who have settled their account in advance), and all upcoming appointments will be cancelled until payment is received for the outstanding balance. Should any appointments which have been paid in advance be cancelled at least forty-eight (48) hours in advance, on in the case of a Monday appointment, the preceding Friday by 12h00, the payment will be carried over to the next booked appointment.

My booking system sends out a sms reminders before your appointment. This is just to remind you of the appointment. I have no control over technology with regards to delivery of the message. You will still be responsible to attend your appointment even in the event of the sms not reaching you.

If you do not cancel your appointment and are 20 minutes late without informing me that you will be late, your appointment will be canceled.

7. FEES AND NON-PAYMENT OF FEES

The standard fee is R700 per session of 50 minutes during office hours. You are responsible for paying **before** your appointment (Cash or EFT). The 17:00 appointments are R800. Assessments are charged separately.

Banking details: Dr Nadine Dunn, FNB Saveways, Cheque Account, Account number: 624 850 855 78, Branch number: 27-04-50. Please use your name Name and Surname as reference.

I will provide you with an invoice only if you request one from me. You cannot submit this to your medical aid.

If you are unable to pay for a session, due to unforeseen financial constraints, please discuss this with me beforehand to plan. Please note that it is my right to employ a Debt Collector at your cost if you do not pay for professional services provided.

It is my practice to charge for other professional services that you may require, such as report writing, telephone conversations, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. For other fees and services please request a copy of my prices.

8. PAYMENT PLANNING

In order for us to set realistic counselling goals and priorities, it is important to evaluate what resources you have available to pay for your counselling. You should be aware that I do not use medical aid companies.

9. PARENTS AND LEGAL GUARDIANS AND MINORS

While privacy in counseling is crucial to successful progress, parental involvement can also be essential. It is my policy *not to* provide counselling for a child under age 6.

For children 6 and older, I request an agreement between myself, the client and the parents allowing me to share general information about counselling progress and attendance. All other communication will require the child's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the child of my intention to disclose information ahead of time.

I require clients/parents and children (under the age of 18 years) to sign the consent form.

Consent for Minor to receive counselling services:

We/I, the parents/legal guardian of _____ (full name and surname),
Id/birth day _____ which is currently _____ years old, in the _____ grade at
_____ (School) agree that:

- I will refrain from requesting detailed information about individual counselling sessions with my child.
- I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in counselling sessions as needed.
- I understand that I will be informed about situations that could endanger my child.
- I know that the decision to breach confidentiality in these circumstances is up to the counsellor's professional judgment.

All reports will be shared with the parents/legal guardian for tests.

At times I may request information from the school such as reports from teachers to better assist you. By signing this document, the parents give permission that the school may be contacted and that the school may provide any information they may deem necessary to help. This information can be given via email, telephone or written communication. Sometimes the parent will be asked to provide papers to the school. Please do so timeously as schools tends to be busy and these reports might take time to complete.

All information regarding a school child may be used to report back to the school if the school referred the child. Should a parent also request a copy of the report to the school, this will be shared with the parent as well. Time spend with regards to getting reports from school or requesting reports is not seen as part of your appointment time and will be charge for separately.

Should you as parent or the school request that I attend a meeting at school, this time will be booked as an appointment. If the school is more than 5km from my practice, you will be charged travelling cost according to the current AA rate. Traveling time is part of the appointment time.

10. CONTACTING ME

My cellular phone is with my secretary during the day as I am working with clients. The quickest way to get hold of me is to phone and leave a message. Please include your name and surname in the message so I know who you are. I listen to my voice messages/read emails at the end of the day and will try within reason to get back to you that day.

11. EMERGENCIES

If you feel you cannot wait for a return call/next appointment or if you feel unable to keep yourself safe, please go to your nearest local Hospital Emergency room/Out-patient section.

eMalaheni Private Hospital, Mandela Drive 39, Witbank, 1035, Telephone: 013 655 3000

12. ELECTRONIC COMMUNICATION

Please note that I do not “befriend” anyone who is or has been a client of mine. Email is not secure. My email policy is this: You should email me only for changes of appointments. If you send me emails to update me on your status, I do not return them. If you want to show me something on Facebook or your blog or any other social media, you can show me during our session from your account or print it out for me.

13. OTHER RIGHTS

If you are unhappy with what is happening in counselling, I hope you will talk to me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another counsellor and you are free to end your counselling at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, or religion.

14. TERMS

Neither Dr. Dunn nor any of her employees or agents will be liable for any loss, theft or damage caused whether because of my goods being left in and about the practice or loss or damage to any motor vehicle. Dr. Dunn shall under no circumstances be liable for any damages or any losses because of any negligence either because of any counselling, administration, advice given or from any form of medication or counseling prescribed/recommended to me or any of my dependents. I hereby indemnify and hold Dr. Dunn harmless against any such claims as may arise from here. This form contains all the terms and conditions, representations, guarantees and warranties between myself and Dr. Dunn and any amendment, cancellation or variation hereof shall only be effective once recorded in writing and signed by Dr. Dunn. No latitude or indulgence granted by Dr. Dunn shall be binding nor shall the same be deemed or construed to constitute a waiver or novation of Dr. Dunn’s rights. I waive the right to attach any condition of any nature whatsoever to any payment. If a condition is so attached then Dr. Dunn shall be entitled to accept payment as if no condition had been attached, especially if payment is purportedly made in full and final settlement. No person employed by Dr. Dunn will have any authority to vary, in any way, these terms unless so authorized in writing by Dr. Dunn. While fully understanding that Dr. Dunn will try her best to help me resolve my problem or symptoms, I fully understand that there is no guarantee that the counselling will be successful. I understand that the session might be fully audio- or videotaped or both at the discretion of Dr. Dunn and that these audio- or videotapes will be kept confidential. Dr. Dunn uses a medical AI that is HIPAA compliant to help with note taking. I understand that memory is imperfect, and research has shown that there is no guarantee that all the information revealed during or after is factually accurate. However, I understand that whatever information is revealed during the sessions will be used entirely and solely for the clients benefit. If the outcome of the counselling is not what I expected it to be, I hereby agree that I will not have legal cause of action against Dr. Dunn based on her professional and competent use of various counselling techniques. Permission is also granted by me that the information obtained during a consultation can be used for training, study purposes and publication by Dr. Dunn, with due regard to protecting the confidentiality of the client. I acknowledge that all appointments scheduled outside office hours, i.e. before 08h00 and after 17h00 on weekdays, as well as all appointments scheduled over weekends, will be deemed to be emergency consultations. As such, all emergency counselling will be subject the relevant consultation fee plus a 50% after hours fee. The counselling hour consists of fifty (50) minutes counselling time and the (10) minutes for administrative purposes. In the case of double appointments, the counselling time will be one hundred (100) minutes and twenty (20) minutes for administrative purposes. I understand that at times counselling may leave me feeling out of sorts. If advised by Dr. Dunn or her staff not to drive immediately afterwards, I understand that any failure on my part to heed this advice, will result in me being fully responsible for my actions. **Disclaimer:** Dr. Dunn and her employees or agents do not accept or take any responsibility or liability for the safe custody of, or damages to any vehicle or articles therein, nor for any injuries or loss but not limited to any negligent act of her employees due to any collision, fire, theft, rain, hail, or any cause whatsoever. All vehicles are parked in all respects at the risk of the parker/owner thereof and all person entering these premises do so at their own risk. Right of admission reserved.

15. CONSENT

I knowledge and understand the benefits and risks as made known to me by Dr. Dunn and as reflected in this form, I hereby give consent to participate in counselling. Your signature below indicates that you have read this agreement and agree to the terms.

Signature of Mother/Guardian

Signature of Father/Guardian

Name and surname

Name and surname

Date

Date

Minor consent: _____ (Name & Surname) _____ (Signature)