Tiaan Landman

Counselling Psychologist

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psychologist@tiaanlandman.co.za

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Garsfontein,
Pretoria,
0081

BA (Wits), BA (Hons) (Wits).
MA (Couns. Psych.) (Wits);
HPCSA Reg.: PS0151181;
PN0986771

Client Details / Kliënt Besonderhede

Surname Van	Full Names Volle Name	
Preferred Name Noemnaam	Title/ Titel	Pronouns (e.g.*: he/she/they*)
Date of birth Geboortedatum	ID Number ID Nommer	
Occupation Beroep	Home Language Huistaal	
E-mail E-pos	Cell Sel	
Contact person in case of emergency (name and contact details)		

Parent/ Guardian details *(where client is a minor)*

Parent/ Guardian 1		
Surname Van	Full Name Volle Name	
I.D Number I.D Nommer		
E-mail E-pos	Cell Sel	Tel (W)
Parent/ Guardian 2		
Surname Van	Full Name Volle Name	
I.D Number I.D Nommer		
E-mail E-pos	Cell Sel	Tel (W)

Person Responsible for Account / Persoon Verantwoordelik vir Rekening

Surname Van	Full Name Volle Name	
I.D Number I.D Nommer		
Postal Address Posadres		Code Kode
Home Address Woonadres		Code Kode
E-mail Epos	Cell Sel	Tel (W)

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Medical Aid / Mediese Fonds

Medical Aid Name Mediese Fonds Naam	Member Number Lid Nommer
Main Member's Full Names Hooflid se Volle Name	Plan/Option Plan/Opsie
I.D Number I.D Nommer	Title Titel

Particulars of Dependents on Medical Aid/ Besonderhede van Afhanklikes op Mediese Fonds

Names Name	Date of Birth Geboortedatum	Dependant Code Afhanklikheidskode

Payment Method	Cash/ Card Kontant/ Kaart	Medical Aid Mediese Fonds
Referral Source / Verwys deur		

THERAPEUTIC CONSENT

I the undersigned, _____, alternatively referred to as the client, accepts responsibility for the account, forwarded by the consulting psychologist or practice staff member, should the medical aid reject the claim/s and accepts that consulting fees are charged in accordance with the fee structure of the Board of Healthcare Funders South Africa. I agree that interest of 1,50% per month will be charged on all accounts exceeding a period of 30 days. All accounts outstanding for 60 days will be handed over to Boshoff Attorneys Inc for debt collection.

Please note that claiming from the medical aid is a courtesy service. The client remains responsible for managing their medical aid and available funds.

Please initial:	

Furthermore I, the undersigned, hereby give consent to the consulting psychologist to interview, assess and treat myself and/or the child/dependent of which I am guardian/parent.

I, the undersigned, understand that:

- The treating psychologist's actions are governed by the ethical rules of the Health Professions Council of South Africa
- All information will be treated as strictly confidential
- Information may only be revealed to others with the express, written consent of myself
- There are some limitations to confidentiality, and it may be breached when
  - The client expresses intended or actual harm to themselves or others
  - A minor is in danger (the consulting psychologist is obligated to report any suspected maltreatment of minors according to the Children's Act No. 38 of 2005)
  - The psychologist is ordered to do so by a court of law
- Interviews may be recorded
- Relevant information may be communicated to relevant healthcare workers and referral sources for purposes of replying to referrals and case consultation

- Relevant information may be communicated anonymously to other psychologists for training, case consultation, research and/or supervision purposes
- ICD-10 diagnostic codes will be communicated to medical aids in order to process claims.
- It is important to take note that while the consulting psychologist works according to best-practice standards, undertaking psychotherapy does not guarantee specific results.
- The consulting psychologist does not provide written feedback for psychotherapeutic interventions; all feedback is done in verbal form.

Please initial:

NATURE OF TREATMENT:

The treatment process varies and depends on the information provided within the session. A general outline for treatment presents as follows: (i) Evaluation and treatment planning (Assessment Phase): Approximately 1-4 sessions; (ii) Intervention Phase: the amount of sessions are determined by a range of factors, including the difficulties that you are experiencing and the goals that you may have for therapy. I do not recommend that you commit to a certain number of sessions beforehand as each therapeutic journey is different. The number of sessions should be discussed between the client and consulting psychologist. If you would like to terminate therapy, you are able to do so at any time. (iii) Termination Phase: Approximately 1-4 sessions, involves developing strategies that may be used to help you maintain your treatment gains and reduce the likelihood of relapse and/or reoccurrence. Treatment effectiveness varies from person to person. Discussing, working with, and changing thoughts, feelings, and behaviours may be painful and challenging at times.

PSYCHOTHERAPEUTIC APPROACH:

The consulting psychologist will complete an intake assessment to understand how your current difficulties may have developed and are maintained within the various contexts of your life. The results of this assessment will be shared with you in verbal form, and a treatment plan will be developed including some potential goals for therapy, and the strategies that may be used to help you reach your goals. Throughout the therapy you are invited to share any concerns or questions that you may have about the process. This helps the consulting psychologist to personalize the treatment strategies to better match your unique needs. Services are by appointment only; in the event of an emergency please call or go to the emergency room.

PROTECTING OF PERSONAL INFORMATION

I, the undersigned, hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act No.4 of 2013, by the consulting psychologist, the practice staff and third parties with whom the psychologist has a contractual relationship for the following purposes:

- Treating and managing my information in terms of a psychologist-and-client relationship
- The administration of the contractual relationship between myself and the psychologist
- Communicating with other persons as it relates to my treatment and management

- Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical schemes and their administrators where relevant; and
- Collecting monies outstanding from me

Further information about the practice and your personal data:

- According to the Health Professions Council of South Africa (HPCSA) regulations, the consulting psychologist stores client files for a period not exceeding 6 years.
- The practice makes use of online calendars to schedule appointments, including Wix booking system and Google Calendar.

Please initial:

Appointments not cancelled at least 24 hours in advance will be charged for in full.

It is important for your own healthcare that you honour the appointments made with this practice. Appointments which are not cancelled at least 24 hours in advance will be charged for at the full cash rate *(R1050)*.

The reason for this is that we would be reserving a space for you, which could have been offered to another person who needed to visit the practice. Not keeping an appointment is therefore denying another the opportunity to be assisted, and in breach of the terms of this practice.

Note that you, and not your medical scheme, will be liable for this fee.

Please initial:

Contacting Me

I am often not immediately available by telephone. The best platform to reach me is via WhatsApp (061 534 5492) or email (psychologist@tiaanlandman.co.za). I will make every effort to respond to any communication within 1-2 working days. In case of emergency, kindly contact your general physician (GP) or the nearest emergency room and ask for the psychologist or psychiatrist on call. Alternatively, you can contact:

Stop Gender Violence Line	0800 150 150
Lifeline National Crisis Line	0861 322 322
South African Depression or Anxiety Group (SADAG)	011 234 4837
Akeso Psychiatric Response Unit 24 Hour	086 1435 787
Suicide Crisis Line	0800 567 567; or SMS: 31393

If I will be unavailable for an extended time, I will provide you with the details of a colleague to contact, if necessary.

I have had the opportunity to ask questions before signing this document. I understand and agree to the above conditions.

Signed at _____ Date_____

Signature

_____ _____
Client Parent/ Guardian (where applicable)

_____ _____
Parent/ Guardian (where applicable)

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