

C. PARTICULARS OF PERSON RESPONSIBLE FOR THE ACCOUNT

Surname		Name		Title	
ID Number		Relationship to Client			
Postal Address					
Residential Address					
Tel. (H)		Tel. (W)		Cell	
E-Mail Address					
Employer					
Employer Address					

Contractual Terms

The Client agrees to the following terms:

1.Fees: The practice charges contracted out fees prescribed by the Psychological Society of South Africa (PsySSA). The client is expected to pay the difference between these rates and the BHF rates. The full payment of fees is the client's responsibility and not the Medical Aid's. Accounts outstanding longer than 30 days are handed over for collection at the client's cost.

2.Appointments must be cancelled 24 hours in advance, for example a 17h00 appointment on a Monday has to be cancelled before 17h00 on a Friday. No show appointments and appointments cancelled in less than 24 hours are charged in full.

3.Session end times shall not be adjusted to accommodate late coming, for example if a session is scheduled from 10h00 until 10h55 and the client arrives at 10h30, the session will still end at 10h55 and a full hour's tariff will be charged.

4.The right to confidentiality is limited under the following two circumstances:
 (a) When the Therapist is subpoenaed to court and ordered to disclose; and
 (b) When, in the opinion of the Therapist, the Client is a danger to her/himself or others; and

I acknowledge that all the above information is accurate and that I understood the contractual terms above.

.....
 SIGNATURE OF CLIENT (OR GUARDIAN
 IN THE CASE OF A MINOR)

.....
 DATE