INTAKE & INDEMNITY CONTRACT

Full Name:

Title:

Age:

Contact Number:

Email Address:

I.D. / Passport Number:

Residential Address:

Next of Kin Name:

Next of Kin Contact Number:

Consent to Counselling

- I (name) hereby consent to the commencement of short-term holistic counselling with Siphokazi Serenity Counselling by Siphokazi Mnconywa whom I understand to be an ASCHP registered Specialist Wellness Counsellor.
- I confirm that the above personal details provided are truthful and correct. I understand that it is my responsibility to contact my counsellor to inform them of any changes to the above provided details.
- I will voluntarily disclose my personal particulars during the counselling process. I understand that these sessions may be recorded in a form of session notes and are subject to the regulations of confidentiality. Session notes remain the property of the counsellor and are not for the purpose of formal assessment or report writing.
- I understand that it is my right to ask questions about the counseling process of Siphokazi Serenity Counselling service provided by Siphokazi Mnconywa, at any time via whatsapp, email, or during sessions.
- I understand that I have the right to terminate the counselling service at any time without having to provide justification.
- I understand that confidentiality might be breached if there is risk of harm to self or others, child or elder abuse, or genuine threats made. Information might be shared during emergencies, but only with the greatest consideration and prioritising the client's well-being.
- I understand that all sessions are paid for upfront and that cancellations requested within less than 24 hours of the session appointment, or failure to attend a booked session without cancellation, will result in forfeiture of the full session fee.
- I understand that the counsellor cannot be requested to provide any formal assessments or reports, including but not limited to session notes, psych-legal assessment reports, psychologically evaluative statements, psychological assessments or reports and cannot participate in any legal proceedings.

- I have read, understood and agreed to all of the terms and conditions details provided on this document.

I, (full name) hereby confirm that, I have read, understand and agree to all of the above statements and I consent to counselling.

Signature: Date:

Siphokazi Mnconywa
+27678554757 (WhatsApp or Phone)
+27733981627 (Alternative number)
sserenitycounselling@gmail.com

Specialist Wellness Counsellor ASCHP Certified SWC24/7088