Adult and Child Therapy
Trading as TraumaCare
CLIENT INFORMATION

Please complete, read the information overleaf carefully and sign at the end of page 2.

Client Name: .....

(ADULT CLIENT OR PARENT OF MINOR)

Address: .....

.....P/Code.....

Telephone: .....Mobile:.....

Email: .....

Medical Aid:
Medical Aid:.....Plan:.....

Number:..... Main Member Name:.....

Main Member ID .....

**********IN CASE OF MINOR********

I, the parents/guardians hereby agree that my child can attend play therapy sessions. I have seen overleaf and read information carefully regarding recordings, costs and responsibilities. I understand that the only time confidentially can be breached is: If subpoenaed by court; If abuse is suspected; If a child threatens to harm himself or others. Please note both parents must agree to therapy particularly in case of divorce or separation, both parents must sign this document and both parents are responsible for account.

Child's Name .....

Child's Age Years .....Months..... DOB.....

Current School .....

Name: .....Signature: .....
MOM Parent or Guardian

Mobile: ..... Email: .....

ID Number: .....

Name: .....Signature: .....
DAD Parent or Guardian

Mobile: .....Email: .....

ID Number: .....

Please advise if your child has any allergies to food or cleaning chemicals, as toys and play therapy items are cleaned regularly and children's hands are washed before and after using play therapy items. Food is not usually provided however can be used for sensory work.

Allergies: .....

PTO

Informed Consent

DEBRA ANNE MYBURGH
Psychologists | Counsellors | Play Therapists
TraumaCare, 5a Franschoek Road
Lonehill, Fourways, 2067, Gauteng
Practice Number: 081 000 0371378 * HPCSA No: PRC 0009865
Telephone: 071 592 9690 * Fax: 086 741 8662
Email: mail@traumacare.co.za * Website: www.traumacare.co.za

- This practice is registered with the HPCSA, it abides by the Code of Ethics of the HPCSA. This practice follows all guidelines of the **POPI Act**, please view information on https://www.traumacare.co.za/contact-us/popi-act/
- This practice is a member of Medical Protection Society.
- Traumacare do not diagnose severe conditions or conditions that may need medication, patients will be referred to Psychiatry or General Practitioners.
- This practice uses mainly humanistic/existential therapy, which believes that people are born with the resources and ability to be in rewarding contact with other human beings and lead a satisfying and creative life. Other therapies are also used depending on situation. The first few sessions will involve a comprehensive evaluation of your or your child's needs. By the end of the evaluation, we will discuss the treatment goals and create an initial treatment plan. **Please note that in case of a minor it is essential that regular contact is maintained between therapist and both parents.**
- The counseling sessions (adults and children) are usually recorded to allow reflection on what we have discussed. You may request the recordings to be erased at any time. No copies will ever be distributed outside of this practice to any persons. Please understand all recordings are used for reflection by the counselor and helps in planning therapeutic interventions. These recordings are also used as session notes.
- Short written notes are also made after each session, these are stored securely and used only within this practice unless otherwise agreed upon between counsellor and client.
- Please note that no records or reports are written or created for forensic use.
- The sessions are completely **confidential** but confidentiality can be broken under the following circumstances: -
  - From time to time, I discuss my work with a clinical colleague, this is standard practice. My colleague is bound by the same code of ethics as myself.
  - If I believe that you/or minor is at risk of harming yourself /themselves or others.
  - If I believe that any minor is being harmed, I reserve the right to break confidentially in order to prevent harm.
  - Confidentiality can be broken if required so by a court of law to give evidence.
- If the counseling required is for a minor, the parent or legal guardian is responsible to sign this contract thereby giving the counselor permission to counsel said minor, see minor information and parent/guardian details overleaf.
- Please note that this practice is a cash practice and is contracted **out of medical aid**. All accounts need to be settled immediately and then claimed from your medical aid. Claim will come from your savings portion of medical aid usually. Please note, claim will fall under Counselling and cannot usually be claimed under PMB (Prescribed Minimum Benefits).
- Should the counseling sessions need to be terminated (by counsellor or client) for any reason this will be discussed in detail with the client and alternative arrangements made in order to ensure the well being of the client at all times.
- The fees of this practice will increase annually.
- The fees can be paid by cash, credit card (Visa/Master), Snapscan, Zapper or EFT if arrangement is made.
- Please note that 24 hours' notice is required if appointments are cancelled.
- You are entitled to have a copy of this contract please advise should you require a copy.
- In case of therapy for a minor, please note that both parents must agree to therapy. Please note that both parents are responsible for the account. Should one parent be unable to pay the other parent is responsible for full payment.
- Adult sessions are 60 minutes duration * Child sessions are 45 minutes duration.

2026 Fees -	In counselling rooms:	**R 800.00** per counselling/play therapy session/in person or virtual
	Out of counselling rooms:	**R 1200.00** per counselling/play therapy session plus travelling costs at AA rates
	Play Therapy Report:	**R 800.00**
	After Hours:	**R1800.00** per session (after hours/public holidays/Sundays.) Travelling costs will apply should sessions be out of counselling rooms
	Banking Details	**Nedbank, Fourways Branch, Branch Code 198765, Account 1146180195, Account type: Cheque, Account name: D A Myburgh**

I …… ……
CLIENT DATE
I understand and agree to above.

……
SIGNATURE

I …… ……
PARENT (FULL NAME) – In case of minor DATE
I understand and agree to above.

……
SIGNATURE