

# ANGELA JILL LAWTON

## *Educational Psychologist*

HPCSA Registered: PS 0051438

BHF Practice number: 0890987

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### **CLIENT INFORMATION AND CONTRACT**

1. I am bound by the Codes of Ethics and Practice of the Health Professions Council of South Africa. A copy of the code of practice and ethics may be viewed on the HPCSA web site [https://www.hpcsa.co.za/Uploads/PSB\\_2019/](https://www.hpcsa.co.za/Uploads/PSB_2019/)

[Ethical Rules ANNEXURE 12.pdf](https://www.hpcsa.co.za/Uploads/Events/Announcements/APPLICATION_OF_TELEMEDICINE_GUIDELINES.pdf) [https://www.hpcsa.co.za/Uploads/Events/Announcements/APPLICATION\\_OF\\_TELEMEDICINE\\_GUIDELINES.pdf](https://www.hpcsa.co.za/Uploads/Events/Announcements/APPLICATION_OF_TELEMEDICINE_GUIDELINES.pdf)

2. Our first meeting will be an exploratory one, where I can find out more about your issues (or your child's) and what you hope to achieve through assessment/counselling/therapy and you will have opportunity to ask questions about the way I work and get a sense of whether we can work together. To give adequate time for this, all introductory sessions will be 90 minutes, rather than the regular 50 minutes, and will be billed as such. We can discuss the need for any psychometric assessments and plan a way forward. Sometimes the evaluation phase may take more than one session, and it may be valuable to interview other people who might have additional information or perspectives, but I will only do this with your express consent.

3. If we are both satisfied that we can work together, I agree to offer you ..... sessions. This is my commitment to you. With the exception of item 5 below, you are not contracted to any specific number of sessions. You may terminate therapy without further cost at any time you wish.

4. The normal duration of each session is 50 mins, although we may by agreement schedule two hour sessions for assessment or for clients who have to travel further and would rather have longer sessions less frequently. If for any reason you are late for a session, I will see you for the duration of the remainder but will be unable to work beyond the allotted time as this may disrupt my commitment to other clients. (This also applies to online sessions.)

5. It is understood that sometimes sudden events, such as emergencies, happen, that may make it necessary for patients to cancel their appointment last minute or fail to attend and are unable to provide notification. On these occasions I will have the discretion to waive the fee. In general however, if you fail to give less than 24 hours notice of your intention to cancel or postpone an agreed therapy session or if there is a repeat pattern of cancellations/DNA's I reserve the right to charge in full for that session. (Please note that Medical Aids will not pay for missed sessions.) The rates for sessions are as follows:

NHRPL Code: 86205 (51-60 mins individual/family) R1040.00

NHRPL Code: 86209 (81-90 mins individual/family) R1500.00

NHRPL Code: 86211 (111-120 mins individual/family) R2000.00

to be paid cash/EFT before or at the session - Medical Aid receipts (when available) will be furnished with an ICD-10 (diagnostic) code, which they require before refunding any psychological services.

Banking details: MRS AJ LAWTON

BIDVEST ACCT: 11817327001

BRANCH CODE: 462005

6. The cost of therapy includes any written materials I may supply, but excludes the cost of any books that I might suggest you read.

7. As part of my code of practice I am required to carry out continuing professional development, and to engage in regular on-going clinical supervision. This is to ensure an ethical and professional service to clients. I may discuss your case in supervision but would not use any identifying details.

If I wish to record a session I will ask you first. In the event the session is recorded you may have a copy of the recording on provision of a memory stick. If you wish to record the sessions yourself you may do so without cost, of course.

8. Confidentiality will be maintained within the codes of ethics and legal requirements. Confidentiality does not apply where it would mean that I, as your therapist, might break the law or where withholding information means I would breach the codes of ethics. Confidentiality may be breached if I consider there is a risk you may harm yourself or others. In such exceptional circumstances, where there is concern for your well being or that of others, it may be necessary to seek help outside the therapeutic relationship. In such an event where I am considering breaching confidentiality, you will normally be consulted first.

9. In the case of a disclosure concerning acts of terrorism, vulnerable adult or child protection issues or drug trafficking, confidentiality will be breached and such disclosures will be passed onto the relevant authority without delay. Due consideration should be exercised before disclosing anything of a previously unreported criminal nature, as I am obligated to contact relevant authorities.

10. Similar confidentiality rules apply where the clients are minor children. I will on a regular basis inform parents or guardians about the progress of the client - but will not disclose the content of sessions without the consent of the client, except in the case of a minor who is involved in criminal behaviour or seems likely to endanger him or herself or others.

11. Our therapeutic relationship will remain a professional one at all times, the boundaries of which (such as contact outside of our sessions) can be agreed between us during our sessions.

11. Notes may be taken during and after each session, which will be kept in accordance with the Protection of Personal Information Act (2013). These notes will be securely stored. I will discuss the disposal, retention or otherwise of any such notes at the end of our engagement. They are disclosed to no one other than the clinical supervisor, unless required under a court of law subpoena. You have the right to inspect your records should you so wish, and this request will be fulfilled during a therapy session.

12. If agreed payments for therapy are not being paid then I reserve the right to terminate therapy.

13. Endings – Therapy can at times be demanding, frustrating, and emotional. Even positive, looked for changes may have unexpected ramifications in other areas and relationships in your life. You may at times find the process very difficult, and feel the need to end therapy. Your feedback on the process will be asked for at the end of each session and if you feel unhappy with any aspects of the treatment being offered please do try and communicate this verbally. This gives us both the chance to address and

resolve engagement issues. In the normal course of events you will probably know when you are ready to finish our sessions and we will agree together on the work we need to do to prepare for this.

14. I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become clear in the course of the/our work together. This would be fully discussed at that time. Please note any threats or acts of violence will invalidate this agreement and therapy will cease. Sessions will not take place if you arrive under the influence of alcohol or non-prescribed medication.

15. You will be notified of any holidays to be taken by myself well in advance. However, there may also be occasions when sessions may be cancelled because of illness or because of attending training sessions or meetings. I will try to give you as much notice as possible of any cancellation, and will offer an alternative time. Therefore, please notify any change in contact details.

**Therapists & Clients consent to Therapy (including Teletherapy using a secure platform) and acceptance of financial liability for sessions**

Please tick the box if you agree to an ICD10 diagnostic code being supplied on the invoice (bearing in mind that if you don't want this, you will probably not be able to claim from your Medical Aid scheme. )

SIGNED .....  
THERAPIST.

DATED.....

SIGNED ..... PARENT/ ..... DATED.....  
CLIENT GUARDIAN (if minor)

AGREED DATE OF FIRST CONSULTATION:

Please Add Your Details to the copy of the contract you return:-

Full name..... DOB .....

Address.....  
.....

Telephone Contact.....

Email address.....

Medical Aid Scheme .....Number .....

GP or referring Doctor..... Number .....

Next of kin ..... Number .....