**Religious Specialist**

with the Association of Christian Religious Practitioners and registered with the Council for Pastoral and Spiritual Counsellors (CPSC) as a Religious Specialist in Christian Pastoral Counselling Category 6 in South Africa.



**Lorette Bruwer**

Reg nr: 2018P00009 38 Nerine Crescent

M.Th in Pastoral Studies Roberts Estate Post Post-Graduate Diploma Functional Therapy MIDDELBURG

B.A. 1050

Cell: 072  323 7013 • Email: lorette.pastoraal@gmail.com

Confidential client information and consent form

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (w)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ Id number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Marital status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children: Names, ages, gender (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find me?

Google search Advert Friend/Colleague Doctor Psychiatrist Counselor Spiritual Leader Other \_\_\_\_\_\_\_\_\_\_\_\_

If referred: Name and contact number of the person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General practitioner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel nr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact:

(Someone not living with you)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In an emergency, I agree to allow Lorette Bruwer to call the above person/s to inform them of my condition and the need for assistance. I also agree to have emergency assistance provided by an outside agency if necessary.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**INFORMED CONSENT**

**1. WELCOME TO MY PRACTICE: HOW THINGS WORK**

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will represent an agreement between us. We can discuss any questions you have when you sign the document or at any time in the future.

**2. THERAPY**

Therapy is a relationship between people that works in part because of clearly defined rights and responsibilities held by each person. As a client in therapy, you have certain rights and responsibilities which you need to understand. There are also legal limitations to those rights that you should be aware of.

**3. RISKS AND BENEFITS**

Therapy has both benefits and risks. Risks may include experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of therapy often requires discussing the unpleasant aspects of your life.

However, therapy has been shown to have benefits for individuals who undertake it. Therapy often leads to a significant reduction in feelings of distress, increased satisfaction in interpersonal relationships, greater personal awareness and insight, increased skills for managing stress and resolutions to specific problems. There are no guarantees with regards to the outcome of treatment. Therapy requires a very active effort on your part. In order to be most successful, you will have to work on things we discuss - outside of sessions.

The first session will involve a comprehensive evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work might include. At that point, we will discuss your treatment goals and create an initial treatment plan. You should evaluate this information and make your own assessment about whether you feel comfortable working with me. If you have questions about my procedures, we should discuss them whenever they arise.

**4. LIMITS OF CONFIDENTIALITY**

I have been advised by Me Bruwer that at all communications with me and all records relating to the provision of counseling services to me are confidential and may not be disclosed *without my written consent.*

I have also been advised by Me Bruwer that the law places certain limits on the confidential nature of the psychological service provided to me.

1. If I present an imminent danger to myself or others the law requires that steps be taken to prevent such harm;

2. If a child is in need of protection a report must be filed with the appropriate agency or authority;

3. If a vulnerable adult is abused or neglected a report may be filed with the appropriate government agency;

4. If a court orders the disclosure of records.

I do attend regular supervision where I may discuss your case with my supervisor or consultant; however I will always maintain your anonymity. I also attend regular professional development so that you may get the best possible help.

I will keep encrypted case notes of your sessions on a secure password protected computer and will delete these after 7 years.

**5. CONSULTATION TIMES**

My Practice is open as follow:

Mondays: 11h00 to 16h00

Tuesdays: 11h00 – 18h45

Wednesdays & Thursdays: 9h00 – 16h00.

**6. APPOINTMENTS**

Appointments will be 1.5 hours maximum in duration, once per week / every second week at a time we agree on, although in some instances, sessions may be more or less frequent. The time scheduled for your appointment is assigned to you and you alone. You are responsible for arriving on time; if you are late, your appointment will still end on the scheduled time.

During an appointment you can expect my undivided attention. During the first appointment it might be expected of you to complete a history form regarding your birth, upbringing, problems at home and at school. Should you be a minor, this form will be completed by your parent / guardian. I usually take notes so that I am sure that I don’t overlook anything that is of importance. Towards the end of the session if there is still time, you will be provided with the opportunity to tell me what you think is wrong or why you think you are with me. It can be expected of you to complete online assessments depending of the nature of your problems. This will be an additional cost of R100 per assessment. This assessment is not a psychometric test and there is no right or wrong answer.

Depending on what we identify to be the problem, there are various different tools that I use during counselling.

Prayer therapy is used to pray you, as the client, into the presence of the Lord. This implies that you will start with a short prayer asking the Lord what you wish in your life to change after which I will then pray and the session will continue from there.

Another technique is Multi-Level Neuro Processing. This is a bottom-up process starting with an impulse, which comes from what you believe, your needs, etc. and cannot be controlled. This leads to emotions, which leads to behavior and eventually results. A positive impulse will lead to positive emotions which will lead to positive behavior and ends in positive results, but the same applies to a negative impulse. There are several techniques that can be utilized depending on the physical problem. Techniques like:

* facial cards
* gaze-spotting
* Eco-charts
* Performance enhancement

During a session, you will find that I often use silence. At first you will probably be uncomfortable with it but I want to encourage you to use silence as a way of exploring what you are experiencing in your body- what are you becoming aware of and how intense is that feeling. When we are constantly busy, we miss the information that our body gives us.

To get the most of your appointment, I want to encourage you to be open about what you are feeling, your thoughts and experience. A lot will probably go through your head during the appointment. If you are not sure about something, please ask. The more you understand the counselling experience and how it works, the more comfortable you will be. It is also important to have realistic expectations with regards to changes that you expect within yourself. It is important to realize that counselling takes time and commitment.

As we begin, it is good to know the benefit of counselling is that you might find a way to feel better. This might involve naming what isn’t working and trying new ways of dealing with your life. The work you do in counselling is a bit like putting together a toolkit. You have a chance to learn a whole bunch of new skills, so that when life gets hard, you can figure out which “tool” will best help you handle the problem or feeling. There are also challenges involved in counselling. For example, when I ask you to look at hard topics or times in your life, you may feel stronger than usual emotions. It may feel strange to try out some of the new skills that I suggest, and you may be surprised to find out some people in your life aren’t really supportive of what you are learning. In certain instances homework will be given which must be done.

The parents or guardians of minors will have to sign this document. By signing this document, the parents give permission that the school may be contacted and that the school may provide any information they may deem necessary to help. This information can be given via email, telephone or written communication. Sometimes the parent will be asked to provide papers to the school. Please do so timeously as schools tends to be busy and these reports might take time to complete.

All information regarding a school child may be used to report back to the school if the school referred the child. Should a parent also request a copy of the report to the school, this will be shared with the parent as well. Time spend with regards to getting reports from school or requesting reports is not seen as part of your appointment time and will be charge for separately.

Should you as parent/guardian or the school request that I attend a meeting at school, this time will be booked as an appointment. If the school is more than 5km from my practice, you will be charged travelling cost according to the current AA rate. Traveling time is part of the appointment time.

Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor. By signing this document, you agree that should I deem it necessary to contact your doctor, that I can do so. Contact with your doctor is not part of your appointment time and will be charged separately. Should your doctor request a report from me, the report will be charge separately. If your doctor needs to see me in person, an appointment should be booked. If your doctor is more than 5km away from my practice, you will be charged travelling cost according to the current AA rate. Traveling time is part of the appointment time.

Except for situations such as those mentioned above, parents or guardians will not be informed by me about specific things you share with me in our private counselling sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then I will need to use my professional judgment to decide whether you are in serious and immediate danger of being harmed. If I feel that you are in such danger, I will communicate this information to your parent or guardian.

Example: If you tell me that you have tried alcohol at a few parties, I would keep this information confidential. If you tell me that you are drinking and driving or that you are a passenger in a car with a driver who is drunk, I would not keep this information confidential from your parent/guardian. If you tell me, or if I believe based on things you’ve told me, that you are addicted to alcohol, I would not keep this information confidential. You can always ask me questions about the types of information I would disclose. You can ask in the form of “hypothetical situations,” in other words: “If someone told you that they were doing \_\_\_\_\_\_\_\_, would you tell their parents?”

Even if I have agreed to keep information confidential – to not tell your parent or guardian – I may believe that it is important for them to know what is going on in your life. In these situations, I will encourage you to tell your parent/guardian and will help you find the best way to tell them. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

If at any time during the course of your treatment I determine I cannot continue, I will terminate treatment and explain why this is necessary. Ideally, counselling ends when we agree your treatment goals have been achieved. Additional conditions of termination include:

• You have the right to stop counselling at any time. If you make this choice, referrals to another counsellor can be provided.

• Professional ethics mandate that counselling continues only if it is reasonably clear you are receiving benefit.

• Other legal or ethical circumstances may arise and compel me to terminate counselling. In these cases appropriate referral(s) will be offered. Also, I do not diagnose, treat, or advise on problems outside the recognized boundaries of my competencies.

• Other situations that warrant termination include: regularly becoming enraged or threatening during sessions; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

As the end of the session is approaching, I will inform you that we have to wrap up as we can’t go over the   
scheduled time. Kindly note that if for whatever reason we go over the time, you will be billed for that time in 10 minute intervals.

**7. CANCELLATION OF APPOINTMENTS**

All appointments must be cancelled at least twenty-four (24) hours before the scheduled time otherwise a full appointment will be charged for in full. If a Monday appointment is cancelled it must be done so by 12h00 the preceding Friday. Should I fail to arrive for any scheduled appointment at the appointed time, I acknowledge that I will be liable for the full fee of that appointment.

No-shows and late cancellations (less than twenty-four (24) hours prior to the appointment time or after 12h00 the preceding Friday if your appointment is on a Monday) will be charged for in full, regardless of the reason (no refund will be issued), and all upcoming appointments will be cancelled until payment is received for the outstanding balance. Should any appointments which have been paid be cancelled at least twenty-four (24) hours in advance, or in the case of a Monday appointment, the preceding Friday by 12h00, the client will receive a full refund for the appointment, or the payment will be carried over to the next booked appointment.

I do send out a sms-reminder the evening before your appointment. This is just to remind you of the appointment. I

have no control over technology with regards to delivery of the message. You will still be responsible to attend your

appointment even in the event of the sms not reaching you.

**8. FEES AND NON-PAYMENT OF FEES IN MIDDELBURG OR ONLINE**

* Standard fees are available on my Calendly link.
* **Should the session be less than the time indicated, no refunds will be paid**
* **Should a session be required at any other time or in another city/town, individual tariffs will be applicable.**
* **NS: ALL FEES ARE PAYABLE IN ADVANCE**

You are responsible for paying **before** your appointment (Cash or EFT)

Banking details:

**OBADIA SPECIALISED COUNSELLING AND COACHING**

**Capitec Business Account :1052929648**

**Branch Name: Relationship Suite**

**Branch Code: 450105**

**Ref: Your name and surname.**

Please email proof of payment to lorette@obadia.co.za.

If a speed point is used or a direct bank deposit is made, and there is transaction costs, the cost of the transaction will be carried by you. This will be added onto your account for payment. Speed point cost is 3.6%.

I will provide you with an invoice only if you request one from me. You cannot submit this to your medical aid.

If you are unable to pay for a session, due to unforeseen financial constraints please discuss this with me beforehand in order to make an arrangement. Please note that it is my right to employ a Debt Collector at your cost if you do not pay for professional services provided.

It is my practice to charge for other professional services that you may require, such as report writing, telephone conversations, attendance at meetings or consultations which you have requested, or the time required to perform any other service which you may request of me. For other fees and services please request a copy of my prices.

**9. PAYMENT PLANNING**

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. You should be aware that I do not use medical aid companies.

**10. PARENTS AND LEGAL GUARDIANS AND MINORS**

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy *not to* provide treatment to a child under age 12 unless she/he agrees that I can share whatever information I consider necessary with a parent.

For children 12 and older, I request an agreement between myself, the client and the parents allowing me to share general information about treatment progress and attendance. All other communication will require the child’s agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the child of my intention to disclose information ahead of time.

I require clients/parents and children (under the age of 18 years) to sign the consent form.

We/I, the parents/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will refrain from requesting detailed information about individual therapy sessions with our child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed. I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist’s professional judgment.

All reports will be shared with the parents/legal guardian.

**11. CONTACTING ME**

The quickest way to get hold of me is to send a message to my cell. Please include your name and surname in the message so I know who you are. I read my messages/emails at the end of the day, and will try within reason to get back to you that day.

**12. EMERGENCIES**

If you feel you cannot wait for a return call/next appointment or if you feel unable to keep yourself safe please go to your nearest local Hospital Emergency room/Out-patient section.

Life Midmed Hospital, O.R.Tambo street & Joubert Street, Middelburg, Mpumalanga,1050. Telephone: 013-2838700.

**13. ELECTRONIC COMMUNICATION**

Please note that I do not “befriend” anyone who is or has been a client of mine. Email is not secure. My email policy is this: You should email me only for changes of appointments. If you send me emails to update me on your status, I do not return them. If you want to show me something on Facebook or your blog or any other social media, you can show me during our session from your account or print it out for me.

**14. OTHER RIGHTS**

If you are unhappy with what is happening in therapy, I hope you will talk to me so that I can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that I refer you to another therapist and you are free to end your therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, or religion.

**15. TERMS**

Neither Lorette Bruwer nor any of her employees or agents will be liable for any loss, theft or damage however caused whether as a result of my goods being left in and about the practice or the loss or damage to any motor vehicle. Lorette Bruwer shall under no circumstances be liable for any damages or any losses as a result of any negligence whatever either as result of any treatment, administration, advice given or from any form of medication or treatment prescribed/recommended to me or any of my dependents. I hereby indemnify and hold Lorette Bruwer harmless against any such claims as may arise from here. This form contains all the terms and conditions, representations, guarantees and warranties between myself and Lorette Bruwer and any amendment, cancellation or variation hereof shall only be effective once recorded in writing and signed by Lorette Bruwer. No latitude or indulgence granted by Lorette Bruwer shall be binding nor shall the same be deemed or construed to constitute a waiver or novation of Lorette Bruwer’s rights. I waive the right to attach any condition of any nature whatsoever to any payment. If a condition is so attached then Lorette Bruwer shall be entitled to accept payment as if no condition had been attached, especially if payment is purportedly made in full and final settlement. No person employed by Lorette Bruwer will have any authority to vary, in any way, these terms unless so authorized in writing by Lorette Bruwer. While fully understanding that Lorette Bruwer will try her best to help me resolve my problem or symptoms, I fully understand that there is no guarantee that the treatment will be successful. I understand that the session might be fully audio-or videotaped or both at the discretion of Lorette Bruwer and that these audio- or videotapes will be kept confidential by Lorette Bruwer. I understand that memory is imperfect and research has shown that there is no guarantee that all the information revealed during or after is factually accurate. However, I understand that whatever information is revealed during the sessions will be used entirely and solely for the clients’ therapeutic benefit. If the outcome of the therapy is not what I expected it to be, I hereby agree that I will not have legal cause of action against Lorette Bruwer based on her professional and competent use of various therapeutic techniques. Permission is also granted by me that the information obtained during a consultation can be used for training, study purposes and publication by Lorette Bruwer, with due regard to protecting the confidentiality of the client. I acknowledge that all appointments scheduled after business hours specified in this document, on weekdays, as well as all appointments scheduled over weekends, will be deemed to be emergency consultations. As such, all emergency treatments will be subject to the relevant consultation fee plus a 50% after-hours fee. I understand that at times treatment may leave me feeling out of sorts. If advised by Lorette Bruwer or her staff not to drive immediately afterwards, I understand that any failure on my part to heed this advice, will result in me being fully responsible for my actions. **Disclaimer:** Lorette Bruwer and her employees or agents do not accept or take any responsibility or liability for the safe custody of, or damages to any vehicle or articles therein, nor for any injuries or loss but not limited to any negligent act of her employees due to any collision, fire, theft, rain, hail, or any cause whatsoever. All vehicles are parked in all respects at the risk of the parker/owner thereof and all person entering these premises do so at their own risk. Right of admission reserved.

**16. PRIVACY STATEMENT**

Your personal information will be managed in accordance with the law. The POPI Act informs us how to keep your personal information safe and confidential. Should you provide information about another person, please make sure that you may legally do so and that they understand how the personal information will be used.

**17. CONSENT**

I acknowledge and understand the benefits and risks as made known to me by Lorette Bruwer and as reflected in this form, I hereby give consent to participate in counselling sessions with her and that she may keep my personal information as long as required by her.

**By signing this consent form, I further give permission that the information provided may be shared with treating practitioners and with people in another country (ICR).**

**By ticking this box, I hereby give consent to receive marketing emails from Lorette Bruwer.**

Your signature below indicates that you have read this Agreement and agree to the terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Patient/Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname Date