THE OAK FAMILIES & WELLNESS

INFORMED CONSENT FORM FOR COUNSELLING SERVICES

PRIVATE AND CONFIDENTIAL

1. Client information

Full name: _____

Date of birth: _____

Contact number: _____

Email address: _____

Emergency contact name: _____

Emergency contact number: _____

Date: _____

2. Purpose of counselling

Counselling is a professional service aimed at assisting individuals to address emotional, psychological, behavioural, social, personal and work-related challenges.

The counselling process may include psychosocial assessments, therapeutic interventions, emotional support, psychoeducation, coping strategies and referrals to relevant professionals where necessary.

3. Voluntary participation

I understand that:

• My participation in counselling is voluntary.

• I have the right to ask questions regarding the counselling process.

• I may decline to discuss matters that I am uncomfortable sharing.

• I may withdraw from counselling at any time.

• Counselling outcomes cannot be guaranteed.

4. Confidentiality and limitations

Information disclosed during counselling will be treated as confidential in accordance with applicable legislation and professional ethical standards. However, confidentiality may be limited in circumstances where:

• There is a serious risk of harm to myself or another person.

• There is suspected abuse, neglect or exploitation that must legally be reported.

• Disclosure is required by law or a valid court order.

• I provide informed consent for specific information to be shared.

Where possible, the social worker will discuss necessary disclosures with me beforehand.

5. Employee wellness and employer referrals

Where counselling is provided through an Employee Wellness Programme or employer referral, the content of counselling sessions will remain confidential, subject to the limitations stated above.

Any feedback provided to an employer will be limited to necessary and appropriately authorised information, unless disclosure is legally required. Personal counselling information will not automatically be disclosed to my employer.

6. Benefits and potential risks

I understand that counselling may assist me in:

• Improving emotional wellbeing.

• Developing effective coping strategies.

• Managing stress and personal challenges.

• Improving interpersonal relationships.

• Strengthening resilience and problem-solving skills.

I acknowledge that discussing difficult experiences may temporarily cause emotional discomfort.

7. Protection of personal information

I understand that relevant personal information and counselling records will be collected, processed and securely maintained in accordance with the Protection of Personal Information Act (POPIA), Act 4 of 2013, and applicable professional requirements.

My information will be used for legitimate purposes related to assessment, counselling, record keeping, service administration and continuity of care.

8. Online counselling services

Where counselling is conducted online, I understand that:

• I should participate from a private and safe environment.

• Technical interruptions may occur.

• Electronic communication carries certain privacy and security risks.

• Sessions may not be recorded by either party without prior informed consent.

• Online counselling is not a substitute for emergency services.

9. Fees and cancellation policy

Where applicable, counselling fees, payment arrangements and cancellation requirements will be communicated and agreed upon before services commence.

10. Emergency situations

I understand that counselling services are not a 24-hour emergency or crisis response service. In the event of an immediate emergency, I should contact the appropriate emergency services or visit the nearest hospital emergency department.

11. Declaration and informed consent

I hereby confirm that:

• I have read and understood the information contained in this consent form.

• I have been given an opportunity to ask questions.

• I understand the nature, purpose, benefits and potential risks of counselling.

• I understand the confidentiality policy and its limitations.

• I voluntarily consent to receiving professional counselling services.

Preferred counselling method:

[ ] Face-to-face [ ] Online [ ] Telephone

Client full name: _____

Client signature: _____ Date: _____

12. Social worker's declaration

I confirm that I have explained the counselling process, confidentiality requirements and limitations to the client and provided an opportunity for questions.

Social Worker: Tabita Zenani Kwatsha | **SACSSP:** 10-28261

Signature: _____ Date: _____