
**FPL Counselling & Wellness**
**Fathima Pochee Lorgat – Specialist Wellness Counsellor (ASCHP SWC23/1851)**
**123 Protea Avenue, Mansingh Medical Centre, Lenasia, 1821**
**www.fplcounselling.co.za / info@fplcounselling.co.za / 082 418 2492**

## Client Consent Form: Minors

Minor's Full Name: _____
Minor's Date of Birth: _____
Parent/Guardian Full Name: _____
Parent/Guardian Contact Number: _____
Parent/Guardian Email Address: _____
Relationship to the Minor: _____
Address: _____

Reason for Counselling: Please briefly describe the main reason for seeking counselling for the minor:

_____

## Emergency Contact Information

Emergency Contact Name: _____
Relationship to the Minor: _____
Emergency Contact Phone Number:
_____

## Consent and Confidentiality

1. I understand that the counsellor will make every effort to maintain the confidentiality of the counselling sessions, except in the following situations:
    - If the minor is in immediate danger of harming themselves or others
    - If the minor reports any form of abuse or neglect in any form
    - If a referral is required to another medical professional

2. I understand that I may be involved in the counselling process, and the counsellor may request separate sessions with me and/or the minor, as deemed necessary
3. I understand that the counsellor will discuss limits to confidentiality and the counselling process with the minor at an age-appropriate level
4. All personal information disclosed will not be used for any purposes other than a counselling record. As per legal requirements, written records are kept safely for a period of 5 years and will be destroyed thereafter
5. The counselling session will be 45 to 60 minutes for in-person or online sessions. If the client is late, the session will end at the scheduled time
6. The session will be cancelled if the client displays aggressive or inappropriate behaviour
7. Sessions cannot be recorded by either the client or counsellor
8. A brief update will be given to parents/guardians at the discretion of the counsellor but the clients confidentiality remains a priority
9. No reports will be written for legal purposes
10. Both parents/guardians consent is required
11. Rate information: R400 per individual session (45-60 mins) and R500 per family session (60-75 mins)
12. Sessions to be paid for *before* the session, via EFT or PayPal (international clients only)
13. Sessions cancelled less than 24 hrs before the appointment will forfeit the session fee Sessions cancelled with more than 24 hours' notice will be eligible to be rescheduled at no additional fee

Banking details

F. Lorgat

Al Baraka Bank

Account number 786 000 19903

Branch code 800000

I, the undersigned parents/guardians, give my consent for my minor child to participate in counselling sessions with Fathima Pochee Lorgat, Specialist Wellness Counsellor (ASCHP SWC23/1851), for either online or in-person sessions

Parent/Guardian full name and signature required

Parent/Guardian 1: _____

Parent/Guardian 2:_____

Date: _____