

Lucy Robinson
EDUCATIONAL PSYCHOLOGIST

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PARENT/GUARDIAN INFORMED CONSENT TO EDUCATIONAL PSYCHOLOGICAL SERVICES
Client under 18 years of age

This document contains important information regarding the professional services offered by Lucy Robinson (hereinafter referred to as 'the psychologist'). Once signed, it will serve as an agreement between the psychologist and the client.

Client Full Name			
Date of Birth		Grade	
Age		School	
Gender		Home lang.	
Who does the child live with?			

PARENT / LEGAL GUARDIAN DETAILS			
Mother (Parent/Legal guardian 1)		Father (Parent/Legal Guardian 2)	
Name		Name	
Address		Address	
Cell phone		Cell phone	
Alt. number		Alt. number	
Email		Email	
Signature		Signature	
Parents divorced	YES	NO	If yes, which parent has residency
Is the non-resident parent aware of the request for psychological services			YES NO

Medical Aid details for inclusion on invoice - if required			
Name of medical aid		Name of principal member	
Membership number		Principal member ID no.	

Details of another relative or family friend to contact in case of emergency			
Name		Cell phone	
Relationship		Alt. number	

Initial here (both parents) _____

COVID-19

Please note that by signing this document, you acknowledge the risks involved in your child attending face-to-face therapy/assessment sessions during the COVID-19 pandemic. Safety precautions will be adhered to as far as possible but in the case of assessments, wearing a mask can hamper the assessment process as the child cannot see the psychologist's mouth and the child may not clearly hear the psychologist.

Dear Parent or Legal Guardian

According to the Children's Act (Act 38 of 2005), informed written consent for medical treatment, which includes psychological intervention, must be obtained from parents or legal guardians of children under the age of 12. While children between the ages of 12 and 17 can consent to treatment themselves, since they are still minors (under 18), parents or legal guardians can consent on their behalf, provided the child's assent has been obtained. This document contains important information regarding the professional services offered by Lucy Robinson (hereinafter referred to as 'the psychologist'). Once signed, it will serve as an agreement between the psychologist and the parent(s) or legal guardian(s) of the child receiving educational psychological services (hereinafter referred to as 'the client').

SCOPE OF PRACTICE: Lucy Robinson is an Educational Psychologist registered under the Health Profession's Act. Regulation 993 of the said act stipulates that psychologists may evaluate, diagnose, and treat behaviour, mental processes, emotions, and personality, and may engage in psychological acts defined by the said regulation.

SERVICES OFFERED:

Career and/or Subject Choice: Choosing subjects for Grade 10 is an exciting time for many learners, although some learners may find it to be difficult or stressful. In order to help guide him/her in the process of making this choice, a subject choice assessment can be administered in order to gain insight into a subject package that might be best suited to their aptitude, personality, interests, values and future hopes for a career.

Career assessments are offered to clients who wish to gain further information about suitable careers based on their aptitude, personality, and interests. The assessment can assist clients who are at the start of their career journey, or clients who are in the process of making a change in their career. Furthermore, parents may request a career assessment for their high-school learner to gain insight into future career choices. A combination of quantitative and qualitative assessment measures is used to assist the client in gaining valuable information to make informed career decisions.

A **subject choice and/or career assessment** is conducted over one or two sessions (depending on the number of assessments being administered). A report is compiled by the psychologist and a feedback session will be arranged with the client approximately 2-3 weeks after the assessment. The client, as well as their parent/s or guardian/s will receive a hardcopy of their assessment report and an electronic copy can be sent via email after the feedback session has taken place.

A **School Readiness Assessment** assesses a child's readiness for formal schooling in Grade 1. Several fundamental skills are assessed along with observations and interviews to make an informed decision in the best interest of the child.

A **full Educational Psychological Assessment** is conducted for a variety of reasons and the battery of tests used is case specific and based on the reason for referral for a full assessment. This assessment is holistic and assesses various domains of functioning, namely, cognitive, scholastic, perceptual, emotional and communication.

An **Academic Accommodation Assessment** is conducted for learners with certain physical or learning difficulties that compromise a student during examination/testing situations. Accommodations include, but are not limited to, a reader, scribe, additional time, a separate venue, to name only a few. Examination accommodations are granted to enable candidates with specific barriers to learning, to demonstrate their true ability in the examinations without changing the construct of the assessment. **PLEASE NOTE: THE FINAL DECISION REGARDING THE GRANTING OF EXAMINATION ACCOMMODATIONS DOES NOT LIE WITH THE ASSESSING PSYCHOLOGIST. IT IS THE DECISION OF THE EXAMINATION BOARD TO WHICH THE APPLICATION IS MADE.**

Parent/Caregiver Consultation is conducted for various reasons and can/cannot include the client. There are times when parents/caregivers may require a once off session to discuss a certain issue or at the start of and/or end of a therapy process. **1 hour 30 minutes is reserved for these meetings to give enough time for the necessary information to be discussed and is charged for accordingly.**

Initial here (both parents): _____

Psychotherapy: The purpose of the therapeutic services offered by the psychologist is generally short-term, strength-based therapy which focuses on assisting clients to access their already existing resources and coping abilities as a mobilization tool to cope as best as they can. Although an Educational Psychologist can (according to the HPCSA) provide expert knowledge and/or opinion on various matters, this is permissible only after correct training and adequate competency levels have been reached. In this case, the role of the psychologist is not to mediate in cases of divorce or to provide directives in terms of visitation rights etc.

By signing this document, parents or legal guardians agree not to involve the psychologist in any legal dispute, especially a dispute concerning custody, custody arrangements or child visitation rights.

Therapeutic interventions (psychotherapy/counselling) can take place individually or in groups for various reasons. The benefits of psychotherapy are vast and include helping an individual/s gain new understanding of possible challenges and develop ways of coping and possibly solving difficulties. Psychotherapy works to facilitate existing resilience and resources of strength. The process of psychotherapy can also evoke feelings that can be difficult for the client to process. It is important to monitor your response to therapy and to promptly mention any concerns with the psychologist throughout the therapeutic process.

Therapeutic progress cannot always be guaranteed as this is influenced by a client's readiness for change as well as various other factors such as developmental stage and environmental context. If in their professional judgement, the psychologist believes that they are not able to offer a client the best possible service, a referral to another professional who can better meet the needs of the client will be made in consultation with the client.

FEEDBACK: Psychotherapy is most effective when a trusting relationship exists between the psychologist and the client. Privacy is especially important in securing and maintaining that trust, and it is often necessary for children and adolescents to develop a 'zone of privacy' whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. The psychologist will endeavor to provide feedback to parents that respects the clients right to confidentiality but also considers the best interests of the client in their family context. Written reports on psychotherapy are not provided.

CONFIDENTIALITY: Except for specific events described below, the client has the right to confidentiality regarding all psychological services rendered to them. The National Health Act (Act No.61 of 2003) states that all individuals have a right to confidentiality, and this is consistent with the right to privacy in the South African Constitution (Act No. 108 of 1996). Rule 27 of the Rules of Conduct Pertaining specifically to the Profession of Psychology states that a psychologist may disclose confidential information –

- only with the permission of the client concerned;
- to protect a client or other persons from harm;
- to obtain payment for a psychological service, in which instance disclosure is limited to the minimum necessary to achieve that purpose;
- when required to do so by law or a court of law.

Some of the circumstances where disclosure is required or may be required by law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled; or when a client's family members communicate to the psychologist that the client presents a danger to others.

Permission to disclose information to other medical/school personnel

Any contact made with medical or school personnel will be discussed first with parents. As per HPCSA best practice guidelines, detailed records of the therapeutic process are kept confidentially by the Psychologist. Furthermore, Lucy attends regular supervision with other registered mental health care professionals (as per the regulations set out by the HPCSA) and cases will be discussed anonymously in this setting for supervision purposes.

RECORD KEEPING: Professional guidelines stipulate that treatment records are kept; information is collected relating to the client and their physical and mental health. This information may include the following: *personal and family history, reasons for seeking treatment, brief progress notes of the discussion in the sessions, records received from other health care providers or stakeholders, psychological assessment scores, school reports, etc., billing and medical aid information.*

COMMUNICATION AND TRANSMISSION OF ELECTRONIC INFORMATION: As the core principle of our communication is confidentiality, social media platforms are not an appropriate means of engaging. Please use this cell phone number during office hours – **063 990 4807** – to call or send a text message, or this email address – **info@lucyrobinson.co.za** - as your only form of communication. Some feedback may be shared via WhatsApp/Email as deemed necessary and appropriate and when it is necessary for both psychologist and parent/caregiver to receive information timeously.

Initial here (both parents) _____

Please avoid communicating highly sensitive information, that you would otherwise wish to be kept confidential, over text message, voice mail or email, unless in a case of real necessity. Please be aware that if you choose to communicate personal information via electronic transmission, your emails will be retained in the logs of your, or my, internet service provider. While under normal circumstances these logs are legally protected, they are, in theory, accessible to the system administrator(s) of the internet service provider.

EMERGENCIES: In the event of an emergency in which the psychologist is not immediately contactable by normal means, please note the following emergency support services:

- **SA Depression and Anxiety Group:** Suicide Crisis Line 0800 567 567
24hr Helpline..... 0800 12 13 14
SMS.....31393 (to be called back)

If the client believes that he or she cannot keep themselves safe, please call the emergency services, or go to the nearest hospital emergency room for assistance. If there is an emergency during therapy where the psychologist becomes concerned about the client's personal safety, the possibility of the client injuring someone else, or about the client receiving proper psychiatric care, the psychologist will do whatever he can within the limits of the law, to prevent the client from injuring him or herself or others and to ensure that the client receives the proper medical care. For this purpose, the psychologist may also contact the person whose name you have provided on the biographical sheet.

DIAGNOSIS: Medical Aids and the South African Revenue Service require a diagnostic code to be provided and reflected on invoices in order to process account payments (claims) or tax assessments. A diagnostic code (as detailed in the Diagnostic and Statistical Manual of Mental Disorders V (DSM-5) or the International Classification of Diseases 10 (ICD-10) is provided for this purpose and will be fully discussed with you.

NEGOTIATION AND MEDIATION POLICY: The parent(s) or legal guardian(s) of the client shall try to resolve any dispute by negotiation, in the event of claims, disputes, and controversies arising out of, or in relation to the performance, interpretation, application, or enforcement of this agreement, including but not limited to breach thereof. This entails that one party invites the other in writing to a meeting to attempt to resolve the dispute within 7 (seven) days from date of the written invitation. If the dispute has not been resolved by such negotiation concerning this agreement, the parties will be referred to mediation before, and as a condition precedent to, the initiation of any legal action or proceeding, including arbitration. Mediation may be initiated by either party writing to the other party or identifying the dispute which is being suggested for mediation. The parties agree to participate in the mediation in good faith and undertake to abide by the terms of any settlement reached. The parties hereto agree that the Ombudsman for the Health Professions Council of South Africa will be the elected body to hear any such necessary mediation, as is provided for in the Health Professions Act No. 56 of 1974.

FEES: I am contracted out of medical aid. Payment for services rendered is entirely and solely the responsibility of the client or the parent(s) or legal guardian(s) of a client under the age of 18. Sessions are to be paid for with cash or card (a card facility is available) at the end of each session. Please see banking details at the end of this document.

PLEASE NOTE THAT NOT ALL MEDICAL AIDS PAY EDUCATIONAL PSYCHOLOGISTS AND THUS THE RESPONSIBILITY IS WITH THE CLIENT (OR PERSON RESPONSIBLE FOR PAYING THE ACCOUNT) TO CONTACT THEIR MEDICAL AID TO CLARIFY IF SESSIONS CAN BE CLAIMED FOR. IT IS NOT THE RESPONSIBILITY OF THE PSYCHOLOGIST TO CONTACT THE MEDICAL AID. PAYMENT FOR EACH SESSION IS TO BE MADE DIRECTLY AFTER THE SESSION.

Subject choice/Career assessment: R6300 – This process is conducted predominantly online via a psychometric portal with one in-person session to conduct the online aptitude test and to have a conversation related to career hopes and dreams. It includes the administration of the questionnaires, therapeutic tools, and informal discussions, scoring of the questionnaires and a written report. A Parent/Client feedback session is charged for separately at a rate of **R1450** for a one-and-a-half-hour session.

Psychotherapy (including play therapy): R950 per 45-minute session (in person and via Zoom) and **R1070 per 60-minute** (1 hour) session (in person or via Zoom). Please note that written reports are not provided for psychotherapy.

School readiness assessment (Grade R): R7875 – This includes the initial parent meeting (necessary to obtain background information essential to a holistic assessment process), the administration of the assessment battery (this takes place in the morning to allow for a child to be fresh and not fatigued from the day) – this is usually conducted over two sessions. An interview form is sent to the child's class teacher electronically for completion.

Initial here (both parents): _____

I do allow for short breaks in between so we may need to lengthen this time to allow for optimal performance, scoring, analysis and interpretation of the assessment results and a written report. Parent feedback where the written report is given, and the results explained is charged for at an extra rate of **R1450** for a one and a half hour session. Finally, if deemed necessary, a school visit is an option to allow for further in-depth observation of the child (this may not be possible given the current COVID-19 situation).

Full Educational Psychological assessment: R9200 - This includes the initial parent meeting (necessary to obtain background information essential to a holistic assessment process), the administration of the assessment battery (this takes place in the morning to allow for a client to be fresh and not fatigued from the day) – this is usually conducted over two sessions. An interview form is sent to the child's class teacher electronically for completion. I do allow for short breaks in between so we may need to lengthen this time to allow for optimal performance. The cost also includes scoring, analysis and interpretation of the assessment results and a written report. Parent feedback where the written report is given, and the results explained is charged for separately at a cost of **R1370**. Finally, if deemed necessary, a school visit is an option to allow for further in-depth observation of the child (this may not be possible given the current COVID-19 situation).

Academic accommodation assessment: R9200 - This includes the initial parent meeting (necessary to obtain background information essential to a holistic assessment process), the administration of the assessment battery (this takes place in the morning to allow for a client to be fresh and not fatigued from the day) – depending on the number of assessments, this is either conducted over one morning session (approximately 3 and a half to 4 hours) or two sessions. An interview form is sent to the child's class teacher electronically for completion. I do allow for short breaks in between so we may need to lengthen this time to allow for optimal performance. Furthermore, the cost includes scoring, analysis and interpretation of the assessment results and a written report. Parent feedback where the written report is given and the results explained, is charged for separately at a cost of **R1450**.

Post assessment, an **in person or online feedback session with the child's teacher and school personnel** can be arranged at an additional cost of **R1050** per one hour session.

Parent/Caregiver Consultation (this relates to parent intake meetings at the start of a therapeutic process and other parental guidance or feedback sessions). R950 per 45-minute session, R1070 per one hour session, R1450 for a one a half hour session, and R1785 for a two-hour session. Please note: Feedback meetings/telephone conversations longer than 15 minutes during the therapy process will be charged for as per therapeutic rates (R355 per 15 minutes).

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a **minimum of 24 hours' notice** is required for re-scheduling or canceling an appointment. Unfortunately, if a session is missed without notice or within a late notice period (less than 24 hours), the full fee will be charged for sessions missed without such notification. Due to the nature of hourly appointments, the onus lies with the client to be on time. Unfortunately, if the client is unable to make their agreed upon scheduled time, their session will still terminate at the scheduled time. Thank you for your understanding.

CONSENT OF MINORS WITH REGARDS TO DIVORCED PARENTS: Based on the Divorce Act 24 of 1987 as well as the Children's Act 38 of 2005, when dealing with minor children of divorced parents, the written consent from BOTH parents is a pre-requisite, unless a court has granted full rights and responsibilities to one parent. Without the consent of both parents the psychologist may not continue to engage with the client. The release of any report or assessment results to third parties is dependent on the consent of both parents. Where there is no means to contact the other parent, it is then necessary that the referring parent obtains an affidavit indicating this fact, as well as stating that the referring parent can consent to assessments/therapy in the best interest of the child. A Court Order to this effect can also be submitted.

SUPERVISION OF CLIENTS OUTSIDE OF SESSION TIME: If minor clients are dropped off at the E-Med Centre before their session begins, or if they are fetched (particularly if they are fetched late), they may wait for their parents or other adult in the waiting/reception area. Please note that **NO DIRECT SUPERVISION** of your child before or after session time will be provided. Lucy Robinson, together with the administrative and support staff cannot take responsibility for the supervision, safety and care of children who are dropped off early and/or collected late from the E-Med Centre. Parents are encouraged to either stay at the E-Med Centre in the coffee shop or reception/waiting area for the duration of their child's session, or to drop off and collect their children on time.

SIGNATURES

Witnessed by my signature below, I confirm that:

1. I have read and understood the particulars of this document and I agree to its terms and policies;
2. I am the parent or legal guardian of _____;
3. I grant consent to educational psychologist, Lucy Robinson, to render educational psychological services to my child as per the information and guidelines outlined in the above-mentioned document, and as discussed with me, either telephonically or in an intake consultation. I reserve my right to withdraw consent at any stage.

4. I understand that in the case of divorce, the role of the Educational Psychologist is not to mediate or to provide directives in terms of visitation rights etc. By signing this document, parents or legal guardians agree not to involve the psychologist in any legal dispute, especially a dispute concerning custody or custody arrangements or child visitation rights.

SIGNED AT (PLACE)_____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE_____

PRINT NAME_____

SECOND PARENT

SIGNED AT (PLACE)_____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE_____

PRINT NAME_____

PSYCHOLOGIST

SIGNED:_____ DATE: _____

LUCY ROBINSON

BANKING DETAILS:

LA Robinson

FNB Cresta

Savings Account

Branch code: 250 655 (Universal FNB branch code)

Account number: 62536385968

CLIENT CONSENT CLAUSE TO PROCESS PERSONAL INFORMATION

I hereby consent to the processing of personal information contemplated in the Protection of Personal Information Act No. 4 of 2013, by LUCY ROBINSON (Educational Psychologist), the practice staff, and third parties with whom LUCY ROBINSON has a contractual relationship with for the following purposes:

- Treating and managing me/my child in terms of a practitioner-client relationship. (This includes all forms of communication, via Email, WhatsApp etc.)
- The administration of the contractual relationship between myself/my child and LUCY ROBINSON. (This relates to keeping of client consent forms, session notes, and any therapeutic work done, other than talk therapy).
- Communicating with other persons as it relates to each client (therapeutically and/or assessment related) and case management. (For example, supervision by another psychologist, or communication with a medical doctor/psychiatrist)
- Communicating with third parties who have undertaken to indemnify me for the costs of my services or part thereof, including Medical Aid Schemes and their administrators where relevant.
- Collection of monies outstanding from me, by financial practitioners.

FIRST PARENT (FOR CLIENTS UNDER 18)

SIGNED AT (PLACE) _____ ON THIS _____ DAY OF _____ 20 _____

SIGNATURE _____

PRINT NAME _____

SECOND PARENT (FOR CLIENTS UNDER 18)

SIGNED AT (PLACE) _____ ON THIS _____ DAY OF _____ 20 _____

SIGNATURE _____

PRINT NAME _____

ALTHOUGH THIS DOCUMENT IS LENGTHY, PLEASE ENSURE THAT YOU HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS STATED HEREIN BEFORE SIGNING THE DOCUMENT AND BEFORE RETURNING IT TO THE PSYCHOLOGIST. PLEASE CONTACT THE PSYCHOLOGIST VIA EMAIL SHOULD YOU HAVE ANY QUERIES REGARDING THE ABOVE INFORMATION.