

CONTRACTUAL AGREEMENT FOR ADULT SERVICE DELIVERY

This agreement is between Hanlie Boshoff (Hereafter referred to as the counsellor) and the undersigned:

Hereby I, _____
(Name & Surname) Client

agree to the following conditions of service delivery:

1. I understand that the counsellor works as an independent professional at Tiqvah. Tiqvah will not be liable for the professional or ethical conduct of the individual therapist and no claims can be made against Tiqvah in this regard.
2. I hereby indemnify Tiqvah and the undersigned counsellor from any claims that may arise due to any loss or damage to me and/or my family and/or my property during and after services delivery.
3. I acknowledge that Tiqvah does not deal with any medical aid claims and that I am responsible for payment. (Please make sure if your medical aid will cover the costs for the specific service required and deal with the claim yourself).
4. I understand that Tiqvah functions on a cash basis and that fees are payable before or directly after each session.
5. I understand that sessions not cancelled 24 hours in advance will be charged at the full rate.
6. I have read the prescribed tariffs and/or received a written quote and undertake the payment thereof.
7. If the fees are not paid by me, and legal action must be taken against me for the recovery of any amounts outstanding, I agree that I will pay any cost incurred for the recovery thereof on a scale between attorney and client as well as the costs of the debt collectors.
8. I understand that no report will be compiled by the counsellor as part of therapeutic involvement.

Sign _____ Sign _____

9. I have been informed of the counsellor qualifications. If further information is needed, I understand that I can request a comprehensive Curriculum Vitae of the professional.
10. I have consulted with the counsellor and I am clear on the nature and extend of services to be rendered.
11. Due to the confidential nature of the services being rendered I understand that the counsellor will not respond to any WhatsApp or SMS messages. If I feel the need to relay any important information, new developments or other information I will do so via email or request a consultation with the counsellor.
12. I understand that normal client-therapist confidentiality will apply.
13. I understand that no information regarding service delivery can be made available to a third party without my consent.
14. I understand that the undersigned counsellor is under both ethical as well as a legal obligation to report any knowledge of sexual or physical abuse or any concern regarding harm to self or others to SAPS as well as the local welfare organization.
15. I hereby request and/or agree that the undersigned counsellor continues rendering services to myself.

Signature Client	Domicile address
ID	Date

Signed _____ Name & Surname _____
(Counselor)

Sign _____ Sign _____