

**CONTRACTUAL AGREEMENT FOR NARRATIVE COUNSELLING SERVICE DELIVERY
CHILD SERVICE DELIVERY CONTRACT**

This agreement is between Hanlie Boshoff, narrative counsellor in private practise (Hereafter referred to as the counsellor) and the undersigned parents / legal guardians of the minor child concerned

Hereby I, _____
(Name & Surname) Biological father / Legal guardian

And

(Name & Surname) Biological mother / Legal guardian

Of

(name of minor child),

I agree to the following conditions of service delivery:

1. Please take note that the Children's Act states that in the case where parents are divorced, both parents need to give consent for any intervention or assessment of their child, as both parents have equal parental responsibilities and rights. Assessment or therapy for a minor child therefore cannot take place if both parents have not signed this form.
2. I understand that the counsellor works as an independent professional. 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.
3. 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.

Sign _____ Sign _____

4. I acknowledge that Tiqvah does not deal with any medical aid claims and that I am responsible for payment.
5. I acknowledge that I have been informed that the counsellor is not registered with BHF (Board of Health Funders) and therefore I will not be able to claim sessions back from medical aid.
6. I understand that Tiqvah functions on a cash basis and that fees are payable before or directly after each session.
7. I understand that sessions not cancelled 24 hours in advance will be charged at the full rate.
8. I have read the prescribed tariffs and/or received a written quote and undertake the payment thereof.
9. 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.
10. I understand that **no report** will be compiled by the counsellor as part of therapeutic involvement with the minor child.
11. If a report is required as part of statutory or legal proceeding the relevant parties need to request it in writing via their legal representative. I take note that additional fees will apply. I understand that no recommendations outside of the original mandate of involvement, in this case counselling services, can be made.
12. 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.
13. I have read the information leaflet and or have consulted with the counsellor and I am clear on the nature and extend of therapeutic intervention to be rendered.

Sign _____ Sign _____

14. 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.
15. I understand that normal client-therapist confidentiality will apply. The counsellor will however give me regular feedback as the need arise on any information pertaining to the minor child that I, as a parent, should be aware of.
16. I understand that no information regarding counselling services can be made available to a third party without the consent of both parents.
17. 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 to SAPS as well as the local welfare organization.
18. I hereby request and/or agree that the undersigned counsellor continues with counselling services to the minor child. as the local welfare organization.

Signature Biological Father/Legal Guardian	Signature Biological Mother/Legal Guardian
ID	ID
Domicile address	Domicile address
Date	Date

Signed _____ Name & Surname _____
(Counselor)