



# BALANCE & BLOOM

SPECIALIST WELLNESS COUNSELLOR

Registration No: SWC24/8068 (ASCHP)

## Couples Counselling Agreement

The aim of this agreement and intake form is to advise you of how I offer couples counselling sessions. Please read the following information carefully before signing below. If there is anything that you are unsure of please ask before signing.

### Therapeutic Approach

I am a qualified and registered Specialist Wellness Counsellor (Registration No: SWC24/8068) with the ASCHP. I will be offering online counselling sessions. I have the fullest commitment to creating a atmosphere of acceptance, respect and non-judgement. My hope is that we can work together to build a new strength in your relationship. The safety of the therapeutic environment will allow you to work on effective communication and find ways to progress, exploring what already works and finding new tools. If you have any questions or concerns regarding my therapeutic approach, please feel free to discuss with me at any point during the counselling process.

### Length and Duration of Sessions

The length of the counselling sessions is 50-60 minutes, and the sessions will continue until you decide to terminate by mutual prior agreement. If you are late to your session, I will wait 15 minutes before rescheduling as it will impact other clients that I am booked to see. My working hours are Monday - Friday (9:00am - 17:00pm). After hours can be arranged should I be available.

### Fees & Payments

Individual Session - R450/hour

Couple Session - R550/hour

Payments are to be made 24 hrs in advance. Proof of payment should be emailed.

### Cancellations

I kindly request that all cancellations be made 24 hours in advance so that we are able to reschedule. Please note you will still be liable for the cost if cancellation is not made 24 hours in advance.



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## Confidentiality

Please understand that your confidentiality is extremely important to me. All sessions will be conducted in confidence and will remain confidential between the counsellor and the client. The exceptions to this are:

- for the purpose of supervision which will assist me to monitor all aspects of my counselling work to ensure that I am working in an ethical manner. Your name or any information relating to your identity will not be mentioned in order to protect your confidentiality
- In extreme cases, there is a risk of danger to oneself or others.
- Legal obligations where there is reasonable suspicion of child abuse (emotional, physical, sexual, neglect) and when I or my counselling notes are subpoenaed by the court.

## Limits for counselling

It is not okay to attend counselling sessions whilst under the influence of alcohol/drugs. I would need to be informed if you are prescribed any medication. It is unethical for two different counsellors to provide counselling for the same client. I do not usually work with a client who is seeing another counsellor, however, if you did see someone else this is something that would need to be disclosed so that we can discuss it.

## Non-discrimination Policy

I respect every individuals' right to choose his or her own belief system. Additionally, I respect every individuals' right to their choices and I believe in supporting individuals' of all cultures, ethnicities and sexual orientations.



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## Emergency Contact Numbers

Any Emergency - 112

Police emergency services

Medical emergency services

Fire emergency services

Suicide Crisis Helpline - 0800 567 567

National Gender-based Violence Hotline - 0800 428 428

Childline South Africa - 0800 055 555

Substance abuse hotline - 0800 121 314



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## Emergency Contact Information

In the event of an emergency, please provide a contact:

Name:

Relationship:

Contact Number:

Hereby I, \_\_\_\_\_( name and surname).

Agree to the following conditions of service delivery:

- 1.I acknowledge that the counsellor does not deal with medical aid claims and that I am responsible for payment.
- 2.I understand that the counsellor functions on a cash basis and that fees are payable 24 hours before each session.
- 3.I understand that sessions not cancelled 24 hours in advance will be charged at the full rate.
- 4.I agree and understand that no session with the counsellor will commence unless the payment has been made and proof thereof received.
- 5.I understand that confidentiality will be maintained between the counsellor and myself at all times, except for the following reasons:
  - a.if my counsellor notes that i am a danger to myself or others.
  - b.if there is any suspected child abuse, abuse of an elderly person or abuse of individuals with disabilities.
  - c.if the law mandates it for legal proceedings.
6. I understand that if i am younger than 18, my counsellor needs written consent from both parents before being able to see me.
7. I have read the information and am clear on the nature and extent of the therapeutic process.



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8. I have read the information and am clear on the nature and extent of the therapeutic process.

9. I acknowledge that because of the professional-client counsellor relationship, the counsellor will only respond to emails/messages between 09:00am and 17:00pm every day.

10. I understand that no information regarding the therapeutic process can be made available to any third party without the client's consent.

Hereby, I consent to be counselled by Farheen Gaffoor, registered Specialist Wellness Counsellor.

**Client**

**Counsellor**

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**Full Name -**

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**Full Name -**

**Date -**

**Date -**