



CONDITIONS OF SERVICE DELIVERY

I, _____ (full names), ID NO: _____ HOME

ADDRESS: _____

The undersigned hereby agrees to the following conditions of service delivery:

1. The therapist will inform me if any information, whether written or verbal, is to be obtained or disclosed and I give my consent to the therapist:
 - To obtain or disclose confidential information when it is regarded to be in the interest of myself or my family.
 - If necessary, to discuss my case with other professionals and/or provide the necessary reports/information to them.
 - If necessary, to make videos and take photos for assessment purposes only. This will be dealt with in a very confidential manner and will be destroyed afterwards – it will not be made available for any legal action/court enquiry unless the therapist involved is an expert witness to the case.
2. I acknowledge that the therapist is independent and solely responsible and liable for her professional services/behaviour as a mental health specialist in private practice.
3. I hereby indemnify the independent therapist 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 service delivery.
4. I acknowledge that in the case of legal investigations no reports will be delivered unless all fees are paid in full and I am still responsible for the payment of fees irrespective of whether the findings are in my favour or not.
5. I have received the prescribed tariffs and/or written quote and undertake the payment thereof. 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 costs incurred for the recovery thereof on a scale between attorney own client as well as the costs of debt collectors.
6. I am personally responsible for the settlement of this account, irrespective of whether I am a member of a medical scheme or not. In the case of a divorce or minor client, the person signing this agreement (parent in the case of a minor patient) remains personally liable for the payment of the account.
7. I select the home address set out on this agreement as my domicillum ciandi et executandi address.

FULL NAME: _____ DATE OF BIRTH: _____

Signature (self / guardian / parent): _____
Self / Guardian / Parent 1

Self / Guardian / Parent 2