

Renier Swart

Bachelors of Psychology (B.Psych)

Registered Counsellor

Practice Number: 0936812

HPCSA: PRC 0028738

Mobile: 071 172 2014

renierlswart@gmail.com

PATIENT INFORMATION:

Name: _____ Surname: _____

Date of Birth: _____ I.D. No.: _____

Address: _____

Postal Address (tick box if same as home address) : _____

Contact No. Home: _____ Mobile: _____ E-mail

Address: _____

EMERGENCY / NEXT OF KIN:

Name & Surname: _____

Contact Number: _____ Email: _____

Relationship: _____

BILLING AND PAYMENT

Please note payments must be made within 48hrs of receiving invoice. I provide an invoice that is used to claim.

Name of Scheme: _____ Option/Policy Name: _____

Main Member ID: _____ Main Member Name: _____

Dependent Name: _____ Dependent I.D: _____

Member Number: _____

PERSON RESPONSIBLE FOR ACCOUNT *Tick this box if same as patient information*

Name & Surname: _____

Contact Number: _____ Email: _____

ID No.: _____ Relationship _____

CONFIDENTIALITY

Content of all counselling sessions are kept private and confidential. As a registered counsellor (HPCSA), I protect the confidentiality of all the communications with my patients. Both verbal information and written records about a patient cannot be shared with another party without the consent of the patient or the patient's legal guardian. I will only release information about our work to others with your written consent, or if I am required to do so by a judge.

There are some situations where I am legally obligated to breach our confidentiality in order to protect yourself or others from harm, including (1) if I have information that indicates that a child, elderly or disabled person is being abused, I must report that the relevant agency and (2) if a patient is an imminent risk to him/herself (suicidal) or makes threats of imminent violence against another person, I am required to take protective action. **“Emergency / Next of Kin” will be used as the next point of communication for protective action.** These situations rarely occur, but if such a situation does occur, I will make every reasonable effort to discuss it with you before taking any action.

Should you choose to communicate with me through email or text, please be aware that these mediums are not completely confidential due to hackers and system administrators. I will however do my best to ensure the confidentiality of your communications.

Minors:

If you are under eighteen years of age, please be aware that the law may provide your parents / legal guardian the right to examine your treatment records. I will provide them only with general information about our work, unless I feel there is a high risk that you will seriously harm yourself or someone else. I will make every reasonable effort to discuss it with you before taking action.

BILLING AND PAYMENT

My fees are in accordance with the recommended rates on the National Reference Price List (Board of Healthcare Funders) which are adjusted in January of each year. **Rates: R550 if payment is made prior to session. R600 if payment is made after session.** Groups are billed on a situational basis.

Electronic Payment

Electronic payments made before the session are subject to reduced rates. **Payment should be made no later than 48 hours after session, unless arranged otherwise.**

We do not directly claim from medical schemes. Once proof of payment is received, we provide you with an invoice that can be used to claim back from the medical aid.

The Council for Medical Schemes has determined that all healthcare providers are required to include a diagnostic code (ICD-10) on all claims to medical aid for services rendered. An ICD-10 code is included in all invoices. By signing below, you are giving permission to release the diagnostic code to medical aids/third parties in order to receive the payment and further treatment.

Should your account not be paid for more than 30 days, I have the option of using legal means to secure payment. If legal action is necessary, all incurred costs will be included in the claim. In most collection situations, the only information that will be released is the patient's name, details, the nature of services provided, and the amount due.

CANCELLATION / MISSED SESSIONS

Sessions not cancelled 24 hours in advance, will be billed for. All missed appointments are payable at the usual fee and you will be held liable for the consultation fee. It is expected that the sessions will begin at the agreed time. Any sessions that begin after this time due to late arrival for whatever reason, cannot be extended beyond the agreed finish time. Please bear in mind that this may have an impact on sessional time for subsequent patients.

Protection of Personal Information Act

"I Hereby consent to the processing of my personal information contemplated in the protection of Personal Information Act No 4 of 2013, by Renier Swart, the practise staff and third parties with whom Renier Swart has a contractual relationship for the following purposes:

- Treating and managing me in terms of a doctor-and-patient relationship;
- The administration of the contractual relationship between myself and Renier Swart
- Communication with other person's inasmuch as it relates to my treatment and management;
- Communicating with third parties who have undertaken to indemnify me for the cost of my treatment and management or part thereof including medical schemes and their administrators where relevant; and
- Collecting monies outstanding from me.

CONTACTING ME:

I am often not immediately available by telephone. If I am not able to take your call, I will call you back as soon as I am able. I do monitor my e-mails regularly. I will make every effort to return your phone call or e-mail on the same day you make it. This may be delayed over weekends or public holidays.

In the case of an emergency, you are unable to reach me and feel that you cannot wait for me to return your call, contact your general physician (GP) or the nearest emergency room and ask for the psychologist or psychiatrist on call. Alternatively, you can contact:

South African Depression and Anxiety Group (SADAG): 011 234 4837

Suicide Crises Line: 0800 567 567

Akeso Psychiatric Response Unit 24 Hour: 0861 435 787

If I am unavailable for an extended time, I will provide you with the name of a colleague to contact, if necessary.

Please note that I do not accept friend invitations from patients on personal social networking sites. Please note that WhatsApp communication is limited to setting up of appointments only and not as a means to communicate therapeutically.

Should you have any further questions, it is important to raise any questions or concerns you may have during our next session. Alternatively, you can contact me.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Client Signature:

Date:

Person responsible for account:

Date:

Account Holder: Renier L Swart
BANK: Standard Bank
BRANCH: Tygermanor (051001)
ACCOUNT: Cheque
ACCOUNT NO: 10134293418

Please send proof of payment to renierlswart@gmail.com and use your surname as reference.