

Counselling consent form template

Informed consent, confidentiality, fees, online sessions and records in plain language.

What this is

A ready-to-edit informed consent form for counselling. It tells clients what they need to know before they agree to start: what counselling involves, how confidentiality works and where it stops, fees and medical aid, cancellations, online sessions, and how their records and personal information are handled. Part A is for every client. Part B is an extra section for couples and relationship counselling.

How to use it

- Replace every highlighted [placeholder] with your own details. Where a section gives you choices, keep the one that matches your practice and delete the others.
- Go through the form with the client in the first session and leave room for questions. A signature on its own is not informed consent; the conversation is.
- File the signed form in the client's record. The Council's record-keeping guideline lists proof of informed consent as part of the record.
- Delete this page and the last page before you give the form to clients.

Before you use it

Have it reviewed. This is a general template. Ask a legal adviser or an experienced colleague to review it for your practice before you use it.

Match it to your scope. Section 1 says what you do and do not do. Make sure it fits your registration category and scope of practice.

Check the telehealth wording. The online sessions section follows the Council's consent requirement for telehealth (consent to the service and the technology, preferably in writing). Check it against the current telehealth booklet.

Re-check the numbers every year. The helpline numbers and the record retention periods were checked on 2 October 2026.

What we checked

- Health Professions Council of South Africa, Keeping of Patient Records, Booklet 9 (September 2016): consent is part of the record; keep adult records 6 years from dormant, children's until age 21. [Booklet 9](#)
- Health Professions Council of South Africa, informed consent guidance: tell patients the total cost of services. [Council article](#)
- National Health Act, section 14 (confidentiality) and Protection of Personal Information Act, section 32 (health information). [Werksmans summary](#)
- Children's Act, section 129: consent to treatment from age 12 if mature enough. [Section 129](#)
- Reporting duties: Children's Act, Sexual Offences Act, Older Persons Act, Mental Health Care Act. [Article](#)
- American Psychological Association ethics code, standards 10.01 (informed consent to therapy) and 10.02 (couples and families).
- Bradford (2010), screening couples for intimate partner violence: ask about safety separately and privately. [Utah State University](#)

Last checked: 2 October 2026. General information only, not legal or professional advice. Not approved or endorsed by the Health Professions Council of South Africa.

[Practice name]

[Practice address] · [Telephone] · [Email]

Informed consent to counselling

Please read this form carefully. Ask me about anything that is unclear. You are welcome to take it home and sign at your next session.

Part A. For every client

1. About me

Practitioner name

Practice number

Registration category

Health Professions Council of South Africa registration number

I am registered with the Health Professions Council of South Africa (HPCSA) and I work within my scope of practice. [Add one or two sentences on what you do and do not do. For example: I offer counselling and support. I do not prescribe medication. If you need something outside my scope, I will refer you to someone who can help.]

2. What counselling is and what to expect

Counselling is a shared process. We will talk about what brought you here, agree on what you would like to change, and work towards it together. Sessions usually last [50] minutes and take place [weekly / every second week]. We will review your goals and progress together from time to time, and agree how many sessions are useful.

- **Possible benefits:** better coping, clearer thinking, stronger relationships and a greater sense of direction.
- **Possible risks:** counselling can bring up painful feelings or memories. Changes in you can change your relationships. I cannot promise a particular outcome.
- **Other options:** you can choose other kinds of support, or speak to your doctor. If I think another service would suit you better, I will tell you and help you find it.

Counselling is voluntary. You can ask questions at any time, say no to anything, take a break, or stop altogether. I would appreciate it if you tell me before you stop so we can close properly, but you are not required to.

3. Confidentiality and where it stops

What you tell me stays between us. I will only share information about you in the situations below. Where I can, I will tell you first.

- **With your written permission**, for example to your doctor or another professional.
- **Where the law or a court requires it.** This includes a court order. It also includes my legal duty to report suspected abuse or neglect of a child, certain sexual offences, and abuse of older persons or people with a mental disability.
- **Where there is a serious risk of harm** to you or to someone else. I would first try to work with you, and I may need to contact your emergency contact, your doctor or the authorities.
- **Medical aid claims.** To claim, I send your scheme your details, the date and fee of each session, and a diagnostic code and treatment code. These are placed on your scheme's record.
- **Supervision and consultation.** I may talk through my work with a supervisor or colleague who is also bound by confidentiality. I do this without using your name.
- **Complaints and legal claims.** If a complaint is made to the HPCSA or a legal claim is made, I may need to share relevant information to respond.

4. Fees, payment and medical aid

Session fee (rand)

Session length (minutes)

Other costs (for example reports, letters, extended sessions)

Payment is due

My fee is the full cost of the service. **Please tick one:**

- ☐ I will pay privately.
- ☐ Please claim from my medical aid on my behalf.
- ☐ I will pay at the session and claim from my medical aid myself.

Cover differs from scheme to scheme and option to option. It may come from your Medical Savings Account or your day-to-day benefits, and it has limits. I am not able to tell you what your scheme will pay, so please check with them. **You are responsible for any part of my fee that your scheme does not pay**, including claims that are rejected or reduced.

5. Appointments and cancellations

Your session time is reserved for you. I ask for at least [24 hours'] notice if you cannot attend. Late cancellations and missed sessions may be charged at [amount or percentage] only if I cannot offer the time to someone else. I do not charge when you cannot attend because of illness, an emergency, a death in the family or hospitalisation. If I need to cancel, I will give you as much notice as I can and offer you another time at no charge. My full cancellation policy is [attached / available on request].

6. Online sessions (complete only if you will have online sessions)

I agree to have sessions online through [platform name]. I understand that:

- I will take part from a private place where I will not be overheard, and I will tell my counsellor if someone else is in the room.
- Neither of us will record a session without the other's agreement.
- No online platform is completely secure. [Describe the security of your platform, for example encryption.]
- If the connection fails, my counsellor will phone me on the number below. If we cannot reconnect, we will arrange another time.
- Online sessions may not suit every person or every situation. My counsellor may ask to meet in person if that would be safer or more helpful.
- At the start of each session I will confirm where I am, so help can be sent if there is an emergency.

Address I will usually attend from

Phone number to use if the connection fails

7. Your records and personal information

I keep a record of your counselling. It holds your details, your consent, notes from our sessions and your fees. I use your information to care for you, to meet my professional duties and to run my practice, including billing. I do not share it except as set out in this form.

- **How long:** the Health Professions Council of South Africa requires me to keep records for at least 6 years after your last session. For a child, I keep them until at least the child's 21st birthday. After that I [destroy them securely].
- **How it is protected:** [Describe where and how records are stored, for example password-protected and encrypted systems with a separate backup.]
- **Your rights:** you may ask to see your records, ask me to correct information that is wrong, and ask how your information is used. You may complain to the Information Regulator if you think your information has been mishandled.
- **My information officer:** [Name and contact details].

Optional: I would like to receive occasional emails from [practice name] about [workshops and resources]. I can unsubscribe at any time. This is separate from my counselling and I will not be treated differently if I leave it blank.

☐ Yes, you may email me. (Leave blank if you do not want this.)

8. Emergencies and reaching me

I am not an emergency service. I reply to messages within [number] working days. If you or someone else is in danger, please use one of these services or go to your nearest emergency unit.

Service	Number	Available
Suicide crisis helpline (South African Depression and Anxiety Group)	0800 567 567	Every day, 24 hours, toll free
LifeLine counselling	0861 322 322	Check the LifeLine website for hours
Gender-Based Violence Command Centre	0800 428 428	Every day, 24 hours
Domestic violence helpline	0800 150 150	Check the service for hours
Childline	116	Every day, 24 hours
Police / Ambulance	10111 / 10177	Emergencies

Numbers checked on 2 October 2026. Your own out-of-hours arrangements: [describe them].

9. Clients under 18

A parent or legal guardian gives consent for a child under 12. A child of 12 or older may consent to counselling alone if they are mature enough to understand the benefits, risks and implications. [Choose and keep one: In my practice I ask for the agreement of both the young person and a parent or guardian. / I see young people of 12 and older on their own consent where I am satisfied they understand.] [Explain what a parent or guardian will and will not be told, for example: I share general progress but not what your child says in sessions, unless there is a risk of harm.]

Child's name and date of birth

Parent or guardian name and relationship

10. If you have a concern

Please raise any concern with me first. I will listen and try to resolve it. You also have the right to complain to the Health Professions Council of South Africa.

11. Agreement

- ☐ I have read this form, or it has been read to me.
- ☐ I have had the chance to ask questions and they have been answered.
- ☐ I understand I can withdraw my consent and stop counselling at any time.
- ☐ I agree to counselling on these terms.

Client name (print)

Signature

Date

Parent or guardian name and signature (clients under 18 only)

Date

Practitioner name and signature

Date

Part B. Couples and relationship counselling

Complete this part as well as Part A when you are seeing me together with a partner. The rest of the form still applies.

B1. Who my client is

When I work with a couple, **the relationship is my client**, not one partner. I will not take sides, and I cannot act as one partner's advocate. [Choose and keep one: I do not write reports or give evidence in divorce or custody matters for couples I counsel. / I will only do so if both partners agree in writing and I have told you how it could change my role.]

B2. Confidentiality between us

What is said in joint sessions stays between the three of us. I will only release information about the counselling to someone else with the written permission of **both** partners, except where Part A, section 3 says I must.

B3. Private information and secrets

Sometimes one partner tells me something privately, in a message, a call or an individual session. Please tick the policy that applies in my practice. [Delete the option you do not use.]

- ☐ **No secrets.** I will not keep a secret from your partner when it affects the counselling. I will encourage you to share it yourself and I can help you do that. If it stays hidden and that stops me from helping, I may have to stop working with you as a couple.
- ☐ **Using discretion.** I will keep private information private unless holding it makes it impossible to help you as a couple. If that happens, I will tell you first and explain my options.

In either case, I will not share anything that could put you at risk of violence.

B4. Individual sessions

I may meet each of you on your own, [once at the start / as needed]. The same confidentiality rules apply. Both partners will be offered the same amount of individual time.

B5. Your safety

Couples counselling is not safe when one partner is afraid of the other, or when there is violence or control. I will ask each of you about safety, privately, and I may suggest a different kind of help if counselling together is not safe. Please tell me if you are worried about your safety at any time. The helplines in Part A, section 8 are there for you.

B6. If one of you stops coming

[Explain what happens if one partner stops attending, for example: If one of you stops, I will contact you both. I can offer to continue with whoever wishes to carry on, but I cannot then act for the relationship.]

B7. Agreement for couples

- ☐ We have read Part B and understand it.
- ☐ We have discussed it with each other and with our counsellor.

Partner 1 name (print)

Signature

Date

Partner 2 name (print)

Signature

Date

Practitioner name and signature

Date

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Built by Sumarie Engelbrecht, a Registered Counsellor in active practice in Mbombela, for South African psychologists and Registered Counsellors.