





**DIMAKATSO MONGWE**  
PSYCHOLOGICAL SERVICES

**CONFIDENTIALITY AND LIMITS:**

I understand that all information shared during counselling sessions is confidential. However, confidentiality may be broken when:

1. There is a risk of harm to myself or others.
2. There is suspected abuse or neglect of a minor, elderly person, or vulnerable adult.
3. A court orders the release of information.
4. I provide written consent for disclosure to a third party.

**NATURE AND PURPOSE OF COUNSELLING:**

I acknowledge that counselling is a professional relationship aimed at supporting my emotional well-being. It may involve discussions of personal challenges, emotions, and strategies for improvement. While counselling can be beneficial, I understand that outcomes cannot be guaranteed. I also acknowledge that participation in counselling is voluntary, and I may withdraw at any time. However, I agree to inform my registered counsellor if I decide to discontinue.

**FEES AND CANCELLATION POLICY:**

1. I understand that counselling sessions are subject to a fee of R 850 per individual face-to-face, virtual or telephonic session, and R1200 for a couple's session.
2. Cancellations must be made at least 24 hours in advance; otherwise, you may be liable to pay up to 50% of the session price.

**CONSENT TO TREATMENT:**

I, \_\_\_\_\_, confirm that I have read and understood the information above. I consent to participate in counselling sessions with Dimakatso Mongwe Psychological Services.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counsellor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Get in  
Touch



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