

## CONDITIONS OF SERVICE DELIVERY

I, \_\_\_\_\_ (full name & surname),  
hereby agree to the following conditions of service delivery by the practice of Lizáhn Oosthuizen,  
SACSSP 10-16694, hereafter called “the therapist”.

1. I give consent to the therapist to obtain and disclose confidential information to: (name, surname and contact number)
  - \_\_\_\_\_
  - \_\_\_\_\_with regards to the best interest of myself, my family or child(ren) concerned at her absolute discretion, professional ethics and the legal obligations.
2. If necessary, I give consent to the therapist to discuss my case with other professionals and/or provide the necessary reports/information to them for guidance and support purposes.
3. The therapist will, as far as possible, try to inform me if any information, whether written or verbal, is to be obtained or disclosed.
4. I agree to pay the applicable fees before each consultation. I acknowledge that the consultation fee does not include any reports of any kind. Reports will be requested in writing and the client and therapist will agree on a fee.
5. I accept responsibility for the payment of fees IRRESPECTIVE whether the findings OR outcome are similar to my preconceived ideas.
6. I acknowledge that appointments will take place on appointment only and accept the following cancellation policy:
  - Cancellation within 24 hours before the appointment – 80% of consultation fee is payable.
  - Cancellation within 24-48 hours before the appointment – 50% of consultation fee is payable.
  - No cancellation or no show - 100% of consultation fee is payable.
7. I hereby indemnify the 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.

Signature: \_\_\_\_\_ ID \_\_\_\_\_

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