



Practice No.: 0614645
 0836328667
 admin@spira-aurum.com
www.spira-aurumpsychotherapy.com
 32 Bright Street, Somerset West

Client / Child's details:

Surname:	
Date of Birth:	
First name:	
ID number:	
Contact number:	
Language:	
Residential address:	
School:	
Referred by:	
Reason for referral:	

Parent/Guardian Details (in case of child client)

	Parent/Guardian 1	Parent/Guardian 2
Surname:		
Date of Birth:		
First name:		
ID number:		
Contact number:		
Email address:		
Residential address:		

We are a cash practice. Accounts must be paid on the day of the appointment either by cash or Yoco machine. If the client would prefer to do an EFT, this must be done 24hrs before the appointment. The invoice will then be sent to the client before the appointment with our banking details and the relevant amount.

Person responsible for the account:

Name and surname	
ID number:	
Contact number:	
Email address:	

Medical aid details:

The claim will be submitted under medical aid rates, there will however, be a surcharge as our rates are above medical aid rates. The member is responsible for the surcharge.

Medical Aid:	
Option/Plan:	
Medical aid number:	
Dependant number:	



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SPIRA AURUM Banking Details:

Dace and Wagner Psychology INC

FNB

Branch code 200912

Account number 630 419 444 97

Ref: Name and Surname/Acc. No.

PSYCHOLOGICAL SERVICES ARE RENDERED SUBJECT TO THE FOLLOWING CONDITIONS

1. Appointments not cancelled 24 hours in advance will be charged for at 100% of the relevant total fee.
2. The client remains personally responsible to ensure that he/she is attentive of all appointment dates and times.
3. Arriving late for an appointment will result in a shorter session at the same hourly rate.
4. This practice reserves the right to determine whether an appointment cancelled on the same day, due to unforeseen circumstances, should be charged for.
5. This practice is contracted to most medical aids, however, our rates are above medical aid rates. Clients will be responsible for the payment of surcharges. These are to be paid on the day or a statement can be sent at the end of the month for the total amount of surcharges for that particular month.
6. It is the client's responsibility to keep track of the number of PMB sessions used during the year.
7. Once a PMB is applied for, this diagnosis remains on the client's medical record.
8. The undersigned understands that claims submitted to a medical aid require an ICD 10 diagnosis code. The undersigned thus gives permission to an ICD 10 diagnosis code on the account.
9. The person signing this agreement under the section stating, parent responsible for this account, remains personally liable for the payment of the account, even in cases where the previous spouse or parent is liable for the payment of medical expenses.
10. Additional services, outside of the allocated therapeutic appointment time will be charged for.
11. Written reports will not be released until full payment is received.
12. Should legal action result from the efforts to recover any amounts in arrears, the undersigned accepts liability for all legal costs on an attorney and own client scale, including collection, commission, tracing fees and the likes thereof.
13. In the event of a divorced or minor client, both parents must still sign the consent form. If a parent has sole custody, there must be a legal document from the court verifying this.



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Protection of Personal Information Act (POPIA):

I _____ (full name) hereby consent to the processing of my / my minor child's (under 18 years old) personal information contemplated in the Protection of Personal Information Act No.4 of 2013, by Spira Aurum, the practice staff and third parties with whom Spira Aurum has a contractual relationship for the following purposes:

1. Treating and managing me or my minor child in terms of a psychologist-and-patient relationship;
2. The administration of the contractual relationship between myself / my child and Spira Aurum;
3. Communicating with other persons as it relates to my / my minor child's treatment and management
4. Communicating with third parties who have undertaken to indemnify me for the costs of my / my child's treatment and management or part thereof including medical schemes and their administrators where relevant; and
5. Collecting monies outstanding from me / my minor child's sessions.
6. As you are entering into a contract with Spira Aurum, the processing of your personal data is necessary. We take the storing and accessing of your personal information very seriously and confidentiality is of utmost importance. Personal particulars are voluntarily disclosed by the client and will form part of the permanent confidential file, which will remain the property of the practice.

SCOPE OF PRACTICE

1. Services will be limited to the psychologist's scope of practice and professional competencies and training.
2. Please note Spira Aurum does not conduct services which include forensic and legal work.
3. Should there be a need for services which exceed competencies or scope of practice, a referral will be made to an appropriate professional.

CONFIDENTIALITY

The undersigned address given is DOMICILIUM CITANDI ET EXECUTANDI for receiving documents or and letters for execution.

Personal particulars are voluntarily disclosed by the client and will form part of the permanent confidential file, which will remain the property of the practice.

The information shared during communications with Spira Aurum will be treated with the utmost confidentiality. Information will only be released with the written permission of the client and/or parent or legal guardian. However, information may be disclosed under the following circumstances:

1. To protect a client, or others, from harm;
2. Where required to do so by law or a court of law; and
3. To appropriate professionals, and then for strictly professional purposes only;



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4. To obtain payment for services (for example, from medical aids), with as minimal disclosure as possible.

In the case of assessments, I give my permission for the following parties to receive a copy of the full report:

- Mother / Legal Guardian
- Father / Legal Guardian
- School
- Other: please specify _____

Spira Aurum may make use of recording devices (audio and visual) to record any and all sessions or assessments. This recording is intended to allow further in-depth analysis as well as, the protection of the both the patient and the therapist. Recordings are compulsory for all ADOS assessments for validity purposes.

Final declaration

I/We, the undersigned, personally accept responsibility to see to the payment of the account, as well as to abide by the above-mentioned conditions.

Full Name (Parent / Legal guardian 1)	Full Name (Parent / Legal guardian 2)
Signature	Signature
Date	Date



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SPIRA AURUM - FEE STRUCTURE 2024

Description	Total Cost
Standard 50-60 minute consultation	R 1373
Assessments	
A deposit of R2000 is required to secure assessment bookings. The remaining assessment fee must be paid prior to the report being released.	
Psycho-Educational Assessment Includes: <ul style="list-style-type: none"> - Cognitive - Scholastic / Academic - IEB concessions - Perceptual and Projective 	R 8000
*Career/Subject Choice Assessment <ul style="list-style-type: none"> - *With Career Field guidance only - *With Career Field & Tertiary Study recommendations 	R6244 R7302
Diagnostic Interview Schedule for Social-Communication Disorders (DISCO) Includes: <ul style="list-style-type: none"> - Report and feedback session 	R 8000
Neuropsychological Assessment Includes: <ul style="list-style-type: none"> - In-depth cognitive function investigation - Neurodevelopmental / Neuropsychological conditions 	R 8000
Travelling costs for any consultations away from the practice, such as home- or school visits, will be charged for in accordance with AA guidelines and inclusive of travel time.	

* These are packaged consultation rates which include: an intake session, assessment, report and feedback session. Any additional consultations and/or services required to aid the assessment (such as a school visit or consultation with other practitioners) will be charged at a pro-rata hourly rate. The final tariff is based on assessment tools included in the assessment battery of tests. This will be finalised at the intake session. PLEASE NOTE: An amount will be charged for any one-to-one contact that pertains to the client (be it with the client, a parent/guardian or any other relevant person/s).