AGAPE REFLECTIONS

Wellness Counsellor (ASCHP) | Reg. No. 10878

CLIENT INDEMNITY, INFORMED CONSENT & COUNSELLING AGREEMENT

Please read this document carefully before signing. It records your understanding and consent to receive counselling services. This document is intended as a practice template and should be reviewed against the requirements of your professional body and applicable South African law before use.

Client Full Name:	_____		
Date of Birth:	_____	ID/Passport No.:	_____
Telephone:	_____		
Email:	_____		
Residential Address:	_____		
Emergency Contact:	_____	Telephone:	_____

1. Nature of Counselling Services

I understand that counselling is a professional helping service intended to support my emotional wellbeing, personal development, coping skills and decision-making. I understand that counselling is not a guarantee of a particular outcome and that progress may vary from person to person.

2. Voluntary Participation

I understand that participation in counselling is voluntary. I may discuss concerns about my counselling process with the counsellor and, where appropriate, may request referral to another professional or service.

3. Confidentiality

I understand that information shared during counselling will generally be treated as confidential, subject to applicable professional and legal requirements. I understand that confidentiality may have limits where disclosure is required or permitted by law or where there is a serious and immediate concern regarding safety or risk of harm, or where safeguarding obligations apply.

4. Emergency and Crisis Situations

I understand that ordinary counselling sessions are not an emergency or crisis-response service. If I am in immediate danger or require urgent medical or psychiatric assistance, I should contact an appropriate emergency service or healthcare professional. The counsellor may take reasonable steps within professional and legal obligations where there is a serious safety concern.

5. Client Responsibilities

I agree to provide information that is reasonably accurate and relevant to my counselling. I understand that I am responsible for my decisions, actions and use of information discussed during sessions. I agree to communicate honestly about concerns that may affect the counselling process.

6. Professional Boundaries

I understand that counselling is a professional relationship. I agree to respect professional boundaries and understand that the counsellor will maintain appropriate professional conduct in accordance with applicable ethical and professional standards.

7. Indemnity and Limitation

I acknowledge that counselling involves discussing personal, emotional and potentially distressing matters. I understand that emotional discomfort may sometimes occur as part of the counselling process. I accept responsibility

for participating honestly and responsibly in the process. Nothing in this agreement is intended to exclude or limit any liability or professional duty that cannot lawfully be excluded or limited.

8. Referrals

I understand that the counsellor may recommend or facilitate referral to another suitably qualified professional or service when my needs fall outside the counsellor's scope of practice or when additional support is considered appropriate.

9. Fees, Cancellations and Appointments

I understand that fees, appointment arrangements, cancellations and missed-session policies may be communicated separately by the practice. I agree to comply with the practice's applicable arrangements.

10. Consent

By signing below, I confirm that I have read and understood this document, have had an opportunity to ask questions, and voluntarily consent to receive counselling services from Agape Reflections. I understand that I may raise questions about this agreement at any time.

CLIENT DECLARATION

I confirm that the information I have provided is accurate to the best of my knowledge and that I understand and agree to the terms described above.

Client Full Name: _____

Client Signature: _____

Date: _____

Counsellor Name: _____

Counsellor Signature: _____

Date: _____

Practice details

Agape Reflections | Wellness Counsellor (ASCHP) | Reg. No. 10878

Telephone: _____ Email: _____

Practice Address: _____

Website/Social Media: _____

Document version: 22 August 2026