

**TLC**

**TASTE LIFE CONSULTANCY**

**Confidentiality & recording of session agreement**

Hereby I, the undersigned, acknowledge that I understand that all information pertaining to me receiving counsel and ministry from Francois Mostert, social worker in private practice, (Reg No:10-19523 Practice No:0338478) will be kept confidential and not disclosed to anyone. I do understand that there are certain limitations to confidentiality; for example if the courts should order Francois Mostert to reveal certain information or in instances where the protection of life, especially the young or elderly, take priority over confidentiality. I also give permission that if a psychologist or psychiatrist or even the medical aid scheme should request a report from Francois Mostert that such a Confidential Report could be disclosed to them in order that they can render a better service. I also take full responsibility for the payment of all bills and understand that I will be held accountable for the payment of bills rejected by my medical aid for whatever reason. I acknowledge that it is my responsibility to ensure that my medical aid cover the service before I submit for therapy.

**Name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address; physical and postal:**

.....  
.....  
.....  
.....

**Medical Aid:** \_\_\_\_\_

**Medical Aid Number:** \_\_\_\_\_

**Name plus Date of Birth OR ID number of Principle Member:**

**Name:** \_\_\_\_\_ **D.O.B/ID** \_\_\_\_\_

**Ministry Date:** \_\_\_\_\_

**Contact Telephone numbers:**

**Cell:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*Signature of Ministry Recipient and acknowledgement of Contract* as set out above with the Service Provider, Francois Mostert, social worker, registered with SACSSP Reg No 10-19523, Practice No 0338478:

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