MC PSYCHOLOGISTS
PTY (LTD)

Practice Number: 0615994
HPCSA number: PSO126675
Contact: 079 818 1969
Life Brackenview Hospital
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PRIVATE AND CONFIDENTIAL

MC Psychologists PTY Ltd

Terms and Conditions of Service
Effective January 2026

1. Consent to Psychological Services

By signing this agreement, I provide informed consent to engage in psychological services provided by MC Psychologists PTY Ltd ("the Practice") for myself and/or my minor child, where applicable. I acknowledge that psychological services may include psychotherapy, psychological assessment, feedback sessions, professional consultation, and the preparation of reports or correspondence related to treatment.

I understand that psychological treatment is a collaborative process and that outcomes cannot be guaranteed. I further acknowledge that my psychologist is registered with the Health Professions Council of South Africa (HPCSA) and that I may withdraw consent at any time, subject to the cancellation and payment policies contained herein.

2. Confidentiality and Legal Limitations

All information disclosed during therapy and assessment is treated as confidential in accordance with ethical and legal standards. Confidentiality may be breached where legally required, including situations involving risk of harm, suspected abuse or neglect of a minor, or where disclosure is required by court order or statute.

3. Nature and Scope of Services

Psychological services provided by the Practice do not constitute medical treatment. Psychologists do not prescribe medication. Referrals to other professionals may be made where clinically indicated. The Practice does not provide emergency or crisis services.

4. Fees and Session Duration

Sessions are conducted for approximately 50-60minutes.

Individual Therapy: R1,650.00

Couples Therapy: R1,950.00

Family Therapy: R2,500.00

Fees are reviewed annually.

5. Medical Aid Claims and Co-Payments

Medical aid schemes vary in benefit structure. Where claims are submitted to medical aid by The Practice on your behalf, a co-payment may apply. Any shortfall remains the responsibility of the client.

6. Payment Terms

Private fees are payable via EFT forty-eight (48) hours prior to the session. Outstanding balances remain the responsibility of the client and may result in suspension of services.

7. Cancellations and Missed Appointments

Twenty-four (24) hours' notice is required for cancellations. Late cancellations or non-attendance will be charged in full.

8. Electronic Communication

Electronic communication is used for administrative purposes only and is not intended for therapeutic or emergency use.

9. Emergencies

The Practice does not provide emergency services. Clients must contact emergency services or the nearest hospital in crisis situations.

10. Services Involving Minors

Consent from both biological parents is required unless legally documented otherwise. The signing parent accepts full financial responsibility.

11. Third-Party Communication and Reports

Reports and third-party communications are billed separately.

12. Non-Payment

The Practice reserves the right to suspend services or withhold reports in the event of non-payment.

13. Legal Binding Agreement

This agreement constitutes a legally binding contract. Electronic signatures are valid.

Client Name: _____

ID Number: _____

Signature: _____

Date: _____

Last updated: January 2026