

## **Information for clients**

### **Schema Therapy**

Therapy is a very personal experience, and it is helpful for you to know how I work. My approach is Schema Therapy, since it is a highly effective form of therapy for a significant number of psychiatric and psychological problems. Schema Therapy is based on Cognitive Behavioural Therapy (CBT) but also includes an understanding of deep-seated ways of being in the world, depending on your temperament and life experiences. You can find more information about how Schema Therapy [here](#), and you are also always welcome to ask me any questions you have at any time.

### **Services offered:**

#### **Individual Therapy**

I offer individual therapy, both in person and online. Individual psychotherapy is a useful treatment for psychiatric conditions such as depression, bipolar disorders, anxiety, PTSD and personality disorders. It is also helpful to manage stressful and traumatic life experiences, such as relationship difficulties, parenting stress, academic pressures, experiences of crime or violence and dealing with bereavement. Therapy helps people navigate life transitions, like getting married, moving house, divorce and career changes. Individual therapy is also a useful space to learn communication skills, how to resolve conflict and manage interpersonal difficulties in families, at school and in the workplace.

#### **Couple Therapy**

Couple therapy is offered in person and online. This therapy is useful to overcome relationship difficulties, improve intimate relationships or manage a separation or divorce.

#### **Parenting Support**

Parenting support is useful for anyone struggling with parenting issues, especially mothers and fathers of adopted children. This support is also useful for creating and maintaining plans after couples have separated. Parenting support can be offered in individual sessions or with both parents and is offered in person or online.

#### **Family Therapy**

Family therapy addresses behavioural and emotional difficulties in families and focuses on developing skills to improve and enhance family relationships. It aims to support the family or help a family support a particular family member who is struggling. Family therapy is beneficial for families going through stressful life events or for parents who are concerned about their children's behavioural or emotional difficulties. It is also useful when children are facing serious health concerns, undergoing medical treatment, and for families going through a bereavement.

It also helps adult family members, such as siblings, resolve conflict or develop better ways of supporting each other or providing care for elderly parents or disabled or mentally ill siblings.

#### **Group Therapy**

One of the biggest challenges for people with mental health difficulties is feeling isolated and misunderstood. Finding spaces to share experiences with other people is often the most effective support available. Groups offer opportunities to develop the strength of interpersonal relationships and to get support to face daily challenges, whether they are individual, parenting or in personal or intimate relationships.

## Therapeutic process Venue for sessions

Sessions normally take place at the Newlands Therapy Centre, 25a Cedar Road in Newlands. By prior arrangement, I can make hospital, clinic or school visits (where these are allowed by the institution concerned). In such cases I charge for my travel time by the hour at the same hourly rate that you pay for the session.

I also offer therapy online via Zoom. You will be provided with the information you need on how to use Zoom if you have not used it before. There are additional security concerns if you have online consultations since internet communication is not completely secure. However, the likelihood of someone trying to eavesdrop on an appointment on Zoom is low. If you have concerns, please look at the security policy of Zoom. If you elect to have therapy over the internet, you are accepting the security limitations of the communication system used. I cannot be held responsible for any security breaches. A more significant risk is if the venue you use when meeting me online is not suitable. Please take care to choose a space that is private and where you are not going to be interrupted. Lack of privacy and interruptions significantly reduce the effectiveness of therapy.

## Session times

All individual, couple, parenting and family therapy sessions are between 50 and 60 minutes. Group therapy is between 75 and 90 min.

Your session begins at the stated appointment time. So, if you have an appointment at 11h30 your appointment will run from 11h30 to 12h20. This is your time, and I will not normally keep you waiting except in very unusual circumstances. Even if you arrive late, your appointment will end at the end of the agreed time so that I am ready to start the next client's appointment on time. Please take steps to ensure you arrive close to your appointment time. There is no waiting area at my office, and you will not be able to be seen earlier than the appointed time.

## Cancellation policy

Where you cannot come at the usual time, you will be required to let me know at least 24 hours in advance, before I send the reminders on the previous day. I may be able to accommodate you at another time by arrangement, but options will be limited. Please note that changing your regular appointment time does impact on the therapeutic work we are able to. If you miss a session without cancelling 24 hours in advance will be charged at the full rate. These sessions are unlikely to be covered by your medical aid and will not be eligible for any discounts negotiated.

## My annual leave

I take annual leave four times a year. I take one week after the first and third quarter, two weeks in the middle of the year and four weeks over December/January. The dates for my [annual leave](#) will be available to you on my website. If you need additional support during times that I am on leave, please discuss this with me so that we can arrange alternative support during this time.

## Phases of therapy

### The assessment phase

Every therapy process commences with an extensive assessment of the presenting problem. The assessment phase usually lasts up to three sessions. Once I have completed the assessment, I will present feedback, including a diagnosis and treatment plan to the original referring person. If the assessment has indicated that I am not the best suited to treat the presenting problem, the feedback may include suggestions about who may be more suitable.

### The treatment phase

Once we have agreed a therapeutic intervention, I normally see clients weekly at a set time for several weeks or months. This means that you will be offered an appointment time on a specific day at a specific time which will be kept for you until we formally end the therapy.

If you prefer to come less often (e.g. once every two weeks), you are welcome to discuss this with me. This is a particularly helpful option once you have made significant therapeutic progress and want to develop increasing self-reliance without losing the gains made.

### The end of therapy

You have the right to decide whether to continue with treatment and can choose to terminate at any time. However, termination of the therapy process should be a shared decision. It is best that we discuss your wishes to end therapy before you stop the treatment. This is a particularly helpful opportunity to speak about problems you are experiencing in the therapy process or the relationship with me. Discussion before ending therapy also allows for us to ensure a consolidation of gains you have made in the therapeutic process, reduce risk of relapse and plan for any additional support you may require after ending therapy.

Once we have ended your therapy you are always welcome to contact me again if you need additional support at another time. I always prioritise seeing an old client over taking on new clients, and I will be able to see you again if I have enough capacity at that time.

## Reports and letters

Report writing is not part of my therapeutic services. I do not compile written reports for any reason. Feedback about an assessment or progress of a therapeutic process will always be given to the client or parents of a child client orally in a scheduled session and charged for at the usual rates.

Letters to confirm attendance in therapy, in support of sick leave or in support of a concession, for example at an academic institution or forms to access specific benefits from a medical aid (eg a PMB application) will only be written with the explicit consent of my clients. These letters and forms are completed in session time or billed according to medical aid rates. In most cases, these letters or forms will be given to the client to give to the person needing it so that confidentiality is not breached without explicit consent.

## Confidentiality

What you talk about during the sessions is confidential. This means that I will not disclose it to another person without your permission.

Records of the therapy are kept in line with ethical guidelines outlined by the HPCSA. Records include audio recording and written notes of sessions. My written notes are kept in a locked filing cabinet and audio recordings are kept on my computer in password protected files.

Limits to confidentiality apply in the following exceptional circumstances:

- A court may issue an order that compels a psychologist to reveal to a court information disclosed in therapy, and, in some cases, in terms of Acts of Parliament, a psychologist may have a statutory duty to disclose confidential information.
- Where psychologists believe that a client is at risk for seriously harming themselves or another person or damaging property, they are ethically bound to act to prevent this and/or to protect third parties.
- Medical aid schemes require a diagnosis to be recorded on the invoice. This is done in the form of a numerical code from the International Classification of Diseases (ICD-10). The verbal form of the diagnosis (e.g. "Major Depression", "Bulimia Nervosa") does not appear on the invoice, but often does appear on an application for additional (PMB) benefits.

Professional situations that involve disclosure of your personal information

- Supervision: I routinely discuss some of the content of assessments and psychotherapy with trusted colleagues. This is normal clinical practice. Psychologists need to discuss their work with other psychologists to maintain professional standards, to maintain a balanced perspective, to improve their understanding, and to solve problems more effectively. This is done in the strictest confidence and with discretion without sharing identifying details of clients. On occasion I might share the audio recordings of sessions with my supervisor. My accreditation as a schema therapist also involves the evaluation of some of my sessions with International Association of Schema Therapists by means of these audio recordings.
- Training: I am involved in the training of psychologists, and I sometimes use case material or sections of voice recordings from my practice to illustrate aspects of psychotherapy without any identifying details. This occurs under strictly professional conditions in that the psychologists or trainee psychologists understand that such material must be treated as strictly confidential and limited personal information is provided about clients that might enable them to be identified.

## Rights of minors

The Children's Act sets out the rights of minors (children and adolescents). It specifies that no parent may unreasonably withhold consent for the treatment of a child, and that children are able to give informed consent themselves from the age of 12. In terms of this Act, it is the duty of professionals to take decisions which they believe to be in the best interests of the child. In terms of the act, when treating a minor, I can inform parents or guardians about her/his therapeutic progress but will not normally disclose information about the content of sessions without the child/adolescent's consent.



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Payment details  
 Fees

My fees are set annually at the beginning of each year. In 2024, I charge R1500 for an individual session (procedure code 86205). A couple psychotherapy, parenting support or family therapy (procedure code 86206) is R1650 per session. Group therapy (procedure code 86308) is R350 per session per person.

Payments

Payment can be made in cash, via credit card, or Snapscan in my office **after the session**.

Alternatively, you can make payments via EFT or Snapscan from home **after receiving the weekly statement**. If paying from home, payment is expected before the next appointment.

For EFT payments please use the following bank accounts:

<u>Jean Luyt - Clinical Psychologist</u>	<u>Cape Town Adoption Support</u>
First National Bank	First National Bank
Rondebosch Branch: 201 509	Rondebosch Branch: 201 509
Gold Business Account	Gold Business Account
Account Number: 627 6472 4409	Account Number: 630 7107 1179
Reference number: your surname and account number	Reference number: your surname and account number

Please use the correct reference number so that the payment can be allocated to your account.

Medical aid schemes

I submit all invoices directly to a Medical Aid scheme if you are a member of one. Please inform me if you prefer me not to do this. Medical aid schemes differ in the amount they contribute towards psychological services and most have a maximum amount annually. If you plan to claim from a Medical Aid scheme, please find out exactly what cover it offers.

Payments by a third party

If your account will be paid for by a third party, like your parents, or where you are not the main member on the medical aid, I will have to get explicit permission from them to claim from the medical aid or send them an invoice. If this is the case, please provide me with an email address to which I can send the necessary consent form.

Payment by a third party will not impact on confidentiality of the consent of the sessions, but they will be informed about when you attend sessions and if you miss a booked session. It will be your responsibility to discuss with the person paying the account how you will handle appointments missed without adequate notice.

Please initial and date to confirm you have read this page: \_\_\_\_\_

## Final responsibility for payment

Whether or not your account is submitted to a Medical Aid scheme or covered by a third party, payment of the account is ultimately your responsibility, and you are liable for any amount which they do not cover for any reason.

## Unpaid Accounts

If your account is not paid by the end of the month, you will no longer be able to continue in therapy until such payment is made. Any unpaid account will be handed over to a debt collection agency for recovery of debt after 60 days. The person responsible for the account will be liable to pay the legal costs payable in this event.

## Cancellation policy

Given that your session time is reserved for you, I cannot use that session time for another client if you cancel. Cancellations or changes in session times are inconvenient and disrupt the therapeutic process. For this reason, I have a 24-hour cancellation policy to discourage unnecessary changes to the appointment routine. This means that if you cannot attend a scheduled appointment for an unavoidable reason, you need to let me know 24 hours before the appointment is scheduled, before the reminders are sent the day before. All appointments cancelled with less than 24 hours' notice will be charged at the full rate and are unlikely to be covered by your Medical Aid scheme.

## Prescribed minimum benefits (PMB) conditions

Some Medical Aid schemes, or particular plans within schemes, offer additional benefits for certain serious conditions, called PMB conditions. There are a few serious psychiatric conditions that are designated as PMB conditions. I can only apply for PMB cover if you meet criteria for one of these conditions. Please note that I will not apply for cover for a PMB condition until the assessment phase is complete (usually 3 sessions) and you will be responsible for paying the sessions during this assessment phase.

If the Medical Aid scheme approves payment for a PMB condition I reserve the right to intersperse these sessions with sessions that you cover yourself or which are paid for from medical savings. In this way we ensure sufficient funds to cover treatment for a longer period. Please discuss this with me if you have any questions about this.

## Informed consent

The information outlined in this document is important because in asking me to do the initial assessment, and then, in proceeding to have psychotherapy, you are consenting to be interviewed, to disclose personal information and to engage in the processes of psychotherapy and to pay for, or have a third party pay for such therapy. It is important that your consent is “informed consent,” that is, that it is based on my having informed you of the conditions under which the assessment and therapy occurs, of my responsibilities and of any risks involved.

Before starting the assessment, you will be asked to sign a consent form. In signing this you are entering into a formal contract with me and accept that you have read and understood the points made in this document. This means that it is your responsibility to read this document carefully and to raise questions about any matter mentioned here that concerns you, as well as any other concerns you may have. Of course, you are always free to raise concerns and discuss issues afterwards, if you are not happy with any aspect of this arrangement.

## Any questions?

Do not hesitate to speak to me about any aspects of the matters raised in this document that you do not fully understand or that concern you. At any stage of the process of assessment and psychotherapy, it is important that you understand what is taking place in sessions or how I believe it will benefit you. You should voice any questions or concerns you may have about any aspects of my work with you. It is important that you tell me if you feel concerned about anything I say or feel uncomfortable about anything about the process.

You have the right to decide whether to continue with treatment and can choose to terminate at any time. However, should you choose to terminate suddenly, please discuss this with me first, so that I can express any concerns that I may have about the risks of sudden termination or can have the opportunity to speak to you about problems you are experiencing in the therapy process of relationship with me.

Client consent form

Client information

Surname:		Name:	
Date of birth:		I.D. number:	
Occupation:	Home language:	Marital status:	
Telephone (M):		Telephone (H):	
Email:			
Postal Address:			
		Postal code:	
Next of kin/ Emergency contact:		Relationship to client:	
Telephone number:		Email:	
Referred by:			
Telephone number		Email	
Previous therapist:			
Telephone number:		Email:	
General practitioner:			
Telephone number		Email	
Psychiatrist:			
Practice number:			
Telephone number:		Email:	
Diagnosis		Diagnostic code	
PMB application in place: YES/ NO		Authorisation number:	

Conditions: Please read carefully

I agree that the above information is true and correct to the best of my knowledge. I confirm that I have read the "Information for clients" attached and have initialled all pages. I have had the opportunity to ask my therapist to clarify any matters I am unsure about. I give full consent to the therapy and herewith accept responsibility for the FULL payment of my account as set out in this document. If account is to be paid by a third party, please include signed consent from the person stating they agree to be responsible for the account.

Client signature :

Date:



Person responsible for account consent form

Client information

Surname:		Name:	
Date of birth:		I.D. number:	
Person responsible for account			
Surname:		Name:	Title:
Date of birth:		I.D. number:	
Postal Address:			
		Postal code:	
Relationship to client:		Employer:	
Telephone (M):		Telephone (H):	
Email:			
Medical aid			
Medical Aid name:		Membership Number:	
Main member surname:		Main member name:	
Main member date of birth:		Main member I.D. number:	
Dependent code of client:			
Next of kin/ Emergency contact:			
Relationship to client:		Telephone number:	

Please read "Information for clients" attached for complete details on how I work.

In summary:

Payment is expected at the end of each session. If the client is on a medical aid, I can submit to the medical aid after each session and the medical aid would reimburse the main member or pay me the medical aid rate depending on the benefits available. Statements will be issued at the end of the week to you and the client.

All sessions not cancelled 24 hours in advance will be charged at the full rate and will not be covered by your medical aid. You will still be liable for these amounts. Please discuss how you will deal with any missed sessions with your dependent.

Please note that agreeing to pay for the therapy does not change the confidentiality agreement I have with the client in any way. See "Information for clients" for more details on confidentiality.

I agree that the above information is true and correct to the best of my knowledge. I give consent to the therapy and herewith accept responsibility for the FULL payment of the account as set out above.

Signature of person responsible for account

Date