

## Appendix A: Informed consent

I the undersigned, acknowledge the following:

1. I approached Lieuwkje for counseling and requested that she assist me in dealing with my problem.
2. She has explained the counseling procedures to me and I fully understand the implications. Lieuwkje has provided me with an explanation about the nature of the counseling and I fully understand what it is all about.
3. While fully understanding that Lieuwkje will try her best to help me resolve my problem(s) or my symptom(s), I understand that there is no guarantee that the treatment will be successful.
4. I fully understand that Lieuwkje may refer me to a professional person (psychologist or medical doctor) for treatment should she consider it advisable. However, it is my prerogative to either adhere to the advice given during counseling sessions, I shall have neither legal nor any other claim against Lieuwkje.
5. I understand that, should it be considered advisable, the counseling session may be audio or video taped or both for my own protection as well as the protection of Lieuwkje and that these audio or video tapes will be kept confidential by Lieuwkje.
6. I understand that memory is imperfect and research has shown that there is no guarantee that all information revealed during or after sessions may be accurate. However, I understand that whatever information is revealed during the counseling sessions, will be used entirely and solely for my benefit.
7. I understand that I have the right to terminate treatment whenever I wish should I feel that no progress is being made. I also understand that Lieuwkje may terminate the therapy if she feels that I am not co-operating.
8. If the outcome of the counseling is not what I expect it to be, I hereby agree that I will not have legal cause of action against Lieuwkje based on her counseling and competent use of relevant counseling methods with me.
9. I understand that the information relevant to my case and supplied by me to Lieuwkje during counseling sessions shall be treated as confidential and will not be disclosed to anyone else.
10. I declare that this informed consent given by me to Lieuwkje was given of my own free will.
11. I approached Lieuwkje of my own free will and was not forced by anyone to seek counseling.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Referred \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_