



BIANCA CASSINGENA
HEALING SUPPORT

Cellphone: +27 82 771 3578

Email: Bianca.cassingena@gmail.com

Adult informed consent for integrative support services

I, _____, acknowledge that I have read and agreed to the accompanying documents, clarified any uncertainties and I hereby give my informed consent for the services provided by Bianca Cassingena.

I furthermore understand and agree that:

- The limits to confidentiality within the therapeutic setting have been duly explained to me by Bianca Cassingena. Limits of confidentiality include:
 - If the client threatens serious harm to another person
 - If the client threatens to harm themselves
 - In an emergency where the client's life or health is in danger and Bianca Cassingena cannot get the client's consent, Bianca Cassingena will take the necessary action. Thus, if Bianca Cassingena suspects that the client is a victim of abuse, neglect, self-neglect or exploitation, she can take steps to ensure that the client is protected.
 - If such a situation occurs, Bianca Cassingena will discuss the situation with the client prior to taking necessary action, unless there is a reason not to do so.
- I, as the client, am responsible for settling my bill with Bianca Cassingena. Once payment has been received, I will receive an invoice.
- I give consent for Bianca Cassingena to liaise with other professionals currently or previously involved in my care (e.g. therapists, doctors) disclosing only information deemed necessary.

I acknowledge that I give my consent willingly and without being unduly influenced to do so by any other person.

CLIENT NAME _____

SIGNATURE _____

DATE _____

Instagram and Facebook:
@BCHealingSupport

Website:
www.biancassingena.com