ONE-ON-ONE SESSION
CLIENT CONSENT FORM

1. Client Information

Full Name: _____

Date of Birth: _____

Gender: _____ **ID / Passport No:** _____

Contact Number: _____

Email Address: _____

Organisation / Institution: _____

Session Date: _____

Chaplain Name: _____

2. Nature of Chaplaincy Care

Medical and Community Chaplaincy (MCC) provides holistic spiritual care that supports emotional, psychological, and spiritual wellbeing. Chaplaincy is not therapy, counselling, or medical treatment. It is a compassionate, faith-sensitive space where you are heard, supported, and cared for as a whole person.

Chaplains are trained to offer presence, prayer (where appropriate and welcome), spiritual guidance, grief support, and referrals to other professional services where needed. Chaplaincy sessions are voluntary and non-prescriptive.

3. Confidentiality

Everything shared during your session is treated with the utmost respect and confidentiality. Your chaplain will not disclose the content of your session to any third party without your written consent, except in the following circumstances:

- There is a serious and imminent risk of harm to yourself or another person.

- A child or vulnerable person is at risk of abuse or neglect.
- Disclosure is required by South African law or a court order.

In such cases, disclosure will be made only to the appropriate authority, and you will be informed unless doing so would put someone at further risk.

4. Session Notes & Records

Your chaplain may keep brief confidential session notes for the purposes of continuity of care. These notes are stored securely and accessed only by authorised MCC personnel. No identifiable information will be shared with any external party without your consent.

Please indicate your preference:

☐ I consent to brief session notes being kept for continuity of care.

☐ I do not consent to session notes being kept. I understand each session will be treated independently.

5. Voluntary Participation

Participation in chaplaincy sessions is entirely voluntary. You have the right to:

- Withdraw from a session at any time without explanation or consequence.
- Decline to answer any question or discuss any topic.
- Request a different chaplain at any time.
- Request that your session notes be reviewed, corrected, or deleted (subject to applicable law).

6. Referral to Other Services

Where appropriate, your chaplain may recommend referral to other professional services (e.g., counselling, social work, medical support). Any referral is made with your knowledge and agreement. You are not obligated to accept any referral.

Please indicate your preference:

☐ I consent to my chaplain making a referral on my behalf if deemed appropriate.

☐ I do not consent to referrals at this time.

Declaration

I confirm that I have read and understood this consent form. I voluntarily agree to participate in a chaplaincy session with Medical and Community Chaplaincy. I understand the nature of chaplaincy care, the limits of confidentiality, and my right to withdraw at any time.

8. Signatures

Client Signature _____ Chaplain Signature _____

Client Full Name (Print) _____ Chaplain Full Name (Print) _____

Date _____ Date _____

For Minors (Under 18 Years): Parent / Legal Guardian Consent

If the client is under 18 years of age, a parent or legal guardian must provide consent below.

Guardian Signature _____ Relationship to Client _____

Guardian Full Name (Print) _____ Date _____

For queries regarding this form, please contact MCC:
WhatsApp: 068 165 3131 | Email: admin@medicalchaplaincy.co.za