

## **INFORMED CONSENT FORM**

### **Welcome to TherapHeal**

At TherapHeal, we see therapy as a journey between the client and the therapist. The best of the journeys always starts with transparency and a tentative idea of what to expect from the journey. This document is an attempt to help you understand the process of therapy better, in order to facilitate an informed decision from your side to initiate therapy.

This informed consent form puts forth important information about our professional therapy services and policies as well our expectation from you as a client. Please read it carefully and fill it up to provide your consent for therapy. Feel free to let us know if you have any doubts. We will be happy to clarify them for you.

### **What is psychotherapy?**

Psychotherapy is a way to help people experiencing significant emotional distress that is coming in the way of them being physically well, enjoying personal relationships or working productively. The aim is to help you alleviate the distress experienced and to improve the quality of your life. This is a mutually collaborative process. The therapist will help you understand your issues better and will help you explore different ways of navigating the same.

### **What to expect from the sessions?**

It is important for the therapist to understand the client's concern and background better before initiating therapy. The first session is typically devoted to exploring the clinical history and understanding the current issues better. By the end of the first two or three sessions, and assessments (if required), both you and your therapist will decide on the therapy goals. Please note that the assessment charges are separate from therapy session charges and will be billed separately.

Therapy sessions at TherapHeal are 50 minutes long, usually schedule weekly once. However, frequency of sessions is decided by the therapist based on the client's needs. The sessions will be online video sessions, conducted via the Google meet platform, at a mutually decided time. Prior booking of slots is required (Booking of appointments will be done via the Admin manager at Therapheal). Success of therapy depends on regularity and continuity of sessions, so the expectation is that we meet regularly at the scheduled time. It is your responsibility to remember the appointment time. You will receive a reminder from our side half an hour before the session.

For online video consultation, we request to ensure that you have access to good internet connection. If there is any technical difficulty or disruption during the session, please wait

for the therapist to get back to you.

Online video consultation has certain limitations, particularly in managing emergencies. At any point of time, if the therapist feels that you can be helped better by another professional, appropriate referrals will be made after discussing with you.

### **Confidentiality**

You are expected to use a secure connection for the consultations, in a relatively quiet, distraction free and private space.

The information you share with us during therapy sessions is considered confidential information. As clinical psychologists, we cannot disclose any information you share in the session to third parties, whether or not you are a past or current client of ours.

In the following instances, however, we may be mandated or allowed to share information without your written consent:

If during your therapy, you are deemed to pose a threat of harm to someone else or to yourself (in the form of homicidal or suicidal intent), we are allowed to take necessary measures to prevent harm from happening.

If a child reports experience of ongoing sexual abuse.

### **Records**

The therapist will be taking session notes during the session. These notes are stored safely in password-protected folders and is not accessible to anyone other than the therapist (or the supervisor, if applicable). However, despite safety measure taken, there are chances for breach in security of technology. In such instances, both client and psychotherapist will not hold the other responsible for the breach.

Clients are not allowed to make an audio or video recording of any portion of the session. Neither can the therapist record the session without explicit client consent.

### **TherapHeal Legal Policies**

If any legal proceedings are involved, (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you, nor anyone else acting on your behalf can call us to testify in court or at any other proceeding, nor can a disclosure of the psychotherapy records be requested.

### **Emergency contacts**

Certain situations, including emergencies and crises, are inappropriate for

audio-/video-/computer-based psychotherapy services.

If you are in crisis or in an emergency, you should immediately seek help from a hospital or health care facility in your immediate area, and we cannot be your emergency contact. We urge you to have an emergency contact identified prior to the initiation of our services.

### **Payments and Fee for Services and Cancellation or Rescheduling of Sessions**

TheTherapHeal website explicitly mentions the fee for each therapist. Please note, at Therapheal, we uphold the principle of “fairness”, so each therapist charges his/her client uniformly. No fee modification request will be considered.

Payment is due in advance online by account transfer, unless other arrangements have been made and discussed.

Cancellations or rescheduling of sessions is allowed within a 24-hour period.

Any cancellations/rescheduling/missed appointments occurring without a 24 hour notice will be fully charged for.

In case of emergencies and in one off cases, you could reach out at [admin@therapheal.in](mailto:admin@therapheal.in).

The discretion to waive of the cancellation fee would lie with the TherapHeal team.

### **Contacting Us**

For any communication, please use TherapHeal official email as the primary mode of communication.

### **Termination of therapy**

Your participation in treatment is voluntary and you may discontinue at any time without any obligation. We discuss the probable length of treatment in our initial session, and periodically during subsequent sessions. Typically, termination occurs when you meet your goals.

If we realise that you are not benefiting from sessions or that you need additional treatment, we will bring this up for discussion and provide appropriate referrals to you.

Unless planned, if we do not hear from you for one month after your last session, we will close your file and any payments made in advance for the sessions will be forfeited.

You can contact us any time in the future if you want to resume treatment with us.



**PROVIDING INFORMED CONSENT FOR ONLINE PSYCHOTHERAPY  
AT THERAPHEAL**

I acknowledge that I have read and understand the information included in the Informed Consent Form. I agree to abide by these policies during our therapeutic interaction and hereby provide consent for engaging in therapy.

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex : \_\_\_\_\_

Referred from/by: \_\_\_\_\_

Address: \_\_\_\_\_

Highest Education Degree: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 1

Name and Phone: \_\_\_\_\_

Emergency Contact 2

Name and Phone: \_\_\_\_\_

\_\_\_\_\_

Client/Guardian Name: \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_