The Mind Garden

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Informed Consent

Welcome to our practice.

This document contains important information about our professional services and policies. Before starting your therapy, it is essential to know what to expect and understand your rights and commitments. This consent form attempts to be as transparent with you as possible about the therapy process, so that you may have complete information before starting your journey. Please read it carefully and let us know of any questions you might have and you may discuss them in your first meeting with the therapist.

What to expect from therapy

Psychotherapy is a way to help people experiencing significant emotional distress coming in the way of being physically well, enjoying personal relationships, or working productively. The aim is to help you alleviate any distress you might be experiencing and to improve the quality of your life. Our initial session will involve conducting a brief evaluation and history of your presenting issue(s). This will allow us to decide if we are the best people to provide the professional services you are looking for. In case both parties feel that you would be better assisted by another professional or other intervention methods, we will provide you with appropriate referrals.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, your therapist will offer you some first impressions of their work with you and a treatment plan to follow if you decide to continue with therapy. On occasion, the evaluation may last for 2 to 3 sessions. During the initial evaluation, your therapist may recommend some formal assessments that will help inform them about the specific therapy requirements and goals in a detailed manner.
(Please note: An assessment session is charged separately, per the specific assessment performed.)

If we agree to begin psychotherapy, we try to schedule one [45-60 minute] session per week, at a time agreed upon mutually. Sessions may be longer or more frequent, subject to your specific needs. The success of therapy depends on the regularity and continuity of sessions. Hence, the expectation is that we meet regularly at the scheduled time. We try our best to send appointment reminders 48 hours prior to your session. However, you are expected to take responsibility for your appointment.

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Confidentiality

All information you share with us during therapy sessions is considered confidential information unless otherwise specified. As psychologists, we cannot reveal to third parties whether you are a past or current client. We cannot disclose any information discussed during our sessions without first obtaining your written consent.

(Please note: In case of a therapy session taking place online, the client is expected to use a secure connection in a relatively quiet and private space.)

Exceptions to confidentiality

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

- Suppose you are deemed to pose a threat of harm to yourself or someone else during your therapeutic period. In such cases, we are permitted to take necessary measures to prevent harm from happening.
- **Minor**- If you are not yet 18 years of age. In such case, your parents or legal guardians may access your records and authorise information release to other parties on your behalf.

Records

Therapists are required to keep appropriate records of the services provided; these records are confidential. Clients are not allowed to make an audio or video recording of any portion of the session. Your therapist may ask your permission to video record your online sessions. These recordings will be stored on a password-protected file, to be accessed by your therapist only. This is done to enhance the therapist's skills or for the therapist to discuss with their supervisor. The therapy recordings will not be used for any other purpose, without your explicit consent. You have the complete right to deny the recording of the session. It will not impact the services provided to you in any way, shape or form.

The scope of our services

Certain concerns (such as severe thoughts of suicide or self-harm or extreme Bipolar mood swings) may need special attention or may not be suitable in an online scenario. If this is the case, we will discuss it with you and make sure you receive a referral to another professional either in-house or outside, depending on your requirements.

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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 acting on your behalf can call upon us to testify in any court of law or at any other proceedings, nor can disclosure of the psychotherapy records be requested.

Emergency contacts

Certain situations, including emergencies and crises, are inappropriate for audio-/video/computer-based psychotherapy services.
In case you are in a crisis or an emergency, you should immediately seek help from a hospital or healthcare facility in your immediate vicinity, and **we cannot be your emergency contact**. It is compulsory for you to have an emergency contact identified before initiating our services.

Payments and Fee for Services and Cancellation or Rescheduling of Sessions

- During our initial consultation, we will agree to a fee for our services.
- Payment is due online by account transfer in advance unless other arrangements have been discussed.
- Since appointments are typically made a week in advance, cancellations or rescheduling of sessions is allowed within 24 hours.
- Any cancellations/rescheduling/ missed appointments occurring without a 24-hour notice will be fully charged.
- In case of emergencies and one-off circumstances, you could reach out to your therapist and let them know. The discretion to waive the cancellation fee would lie with the individual therapist.
- In case of failure to join the online session or attend the offline session post 20 minutes from the commencement of the session, the session will stand cancelled and will be fully charged for. The session will not take place for the remaining time period, the client will need to make a fresh appointment.
- Please Note: Our charges for international clients are based on the current permanent country of residence of the client i.e. if you are travelling to India on holiday or for any other reason and you seek our services, you will be charged according to your permanent place of residence. The pricing differentiation is done keeping in mind the pro bono and sliding scale therapy slots that the organization also offers.
- Packages: In our endeavour to offer the best possible price to our clients, we have packages that offer different discounts on bulk sessions. (Please speak to the receptionist if you would like to avail of these offers)

- The packages are as follows; (1) 5 sessions for 10% discount, valid for 3 months, (2) 10 sessions for 15% discount, valid for 6 months (3) 15 sessions for 20% discount, valid for 9 months.
- The cancellation and rescheduling for the sessions work the same as mentioned above.
- The packages are non-refundable but in the event of termination of therapy, you may transfer your remaining sessions to any person of your choice.
- The package cannot be extended beyond the validity of the time limit of each package.
- The clinic is not responsible for reminders concerning validity of your packages, clients are asked to take responsibility of their own session scheduling.

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Contacting Us

- While we work Monday through Saturday between 9 a.m. and 6 p.m., we are not immediately available via telephone since we are occupied in sessions with clients. Please use email as the primary mode of communication.
- We do not encourage crisis calls in isolation, as they typically have a short-term benefit and defeat the purpose of therapy. However, in case of an important conversation that cannot wait until the next appointment, a call can be set up via email as per mutual convenience. We will always notify you in advance of any anticipated lengthy time away from the office.

Ending Treatment

- 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.
- In case we realise that you are not benefiting from sessions or need additional treatment, we will bring this up for discussion and provide appropriate referrals for 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 by you.
- You can contact us anytime in the future if you wish to resume treatment with us.

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CONSENT (*In-person therapy*)

I, hereby consent to engage in therapy with_____(therapist).
I acknowledge that I have read and understood the information included in the *Professional Agreement.*
I agree to abide by these policies during our professional relationship.

I understand that I have the following rights concerning therapy.

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. Unless explicitly agreed otherwise, the therapy exchange is confidential. Any personal information I choose to share will be held in the strictest confidence. The laws that protect the confidentiality of my medical information also apply to therapy. The clinician will not release your information to anyone without my prior approval unless required to do so by law.
3. I understand that there are potential risks and benefits associated with any form of psychotherapy and that despite my efforts and the efforts of my psychologist, my condition may not be improved and in some cases, may even get worse.
4. I understand that I may benefit from therapy, but results cannot be guaranteed or assured. I accept that therapy does not provide emergency services. If I am experiencing an emergency, I can call or proceed to the nearest hospital emergency room for help.
5. I understand that while email may be used to communicate with my therapist, the confidentiality of emails cannot be guaranteed.
6. I agree to receive information from the clinic regarding mental health and feedback via email.
7. I have read, understood, and agreed to the above information.

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CONSENT (*Teletherapy*)

I, hereby consent to engage in teletherapy with _____ (therapist).
I understand that "teletherapy" includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications.
I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually.

I understand that I have the following rights concerning teletherapy.

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. Unless explicitly agreed otherwise, the teletherapy exchange is confidential. Any personal information I choose to share will be held in the strictest confidence. The laws that protect the confidentiality of my medical information also apply to teletherapy. The clinician will not release my information to anyone without my prior approval unless required to do so by law.
3. I understand that there are risks and consequences of teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy-based services and care may not be as comprehensive as face-to-face services. I understand that if the clinician believes I would be better served by another form of therapeutic service (In-person services) I will be referred to a professional who can provide such services in my area.
5. I understand that there are potential risks and benefits associated with any form of psychotherapy and that despite my efforts and the efforts of my psychologist, my condition may not be improved, and in some cases, may even get worse.
6. I understand that I may benefit from teletherapy, but results cannot be guaranteed or assured. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that I can call or proceed to the nearest hospital emergency room for help.
7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session, (4) if I decide to keep copies of emails or communication on my computer, it is up to me to keep that information secure.
8. I understand that while email may be used to communicate with my therapist, the confidentiality of emails cannot be guaranteed.
9. I agree to receive information from the clinic regarding mental health and feedback via email.
10. I have read, understood, and agreed to the above information.

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Client Name: _____

DOB: _____

Age: _____

Gender:_____

Referred from/by:_____

Address: _____

Highest Education: _____ Occupation: _____

Home Phone :(_____)-_____-_____

Cell Phone: (_____)

Email:_____

Emergency Contact (Mandatory)
Name and Phone _____

Client/Guardian Name: _____

Client/Guardian Signature: _____

Date: _____

Client Signature _____