OFFICE POLICIES AND AGREEMENT FOR PSYCHOLOGICAL OR MENTAL HEALTH SERVICES

Psychotherapy involves entering into a professional relationship with a qualified mental health professional. This document explains important information regarding confidentiality, fees and billing, appointments, risks and benefits of therapy, and other policies designed to ensure a safe and ethical treatment environment.

Confidentiality

All information shared during therapy is considered confidential. Your therapist will not disclose any personal information without your written consent, except in cases where:

There is a risk of serious harm to yourself or others.

There is suspected abuse (physical, sexual, emotional) or neglect of children or vulnerable adults.

Information is requested by a court order.

Therapists may also discuss your case in supervision or consultation for professional purposes, while taking care to maintain anonymity and confidentiality.

Consent for Treatment of a Minor

In cases involving children or adolescents, parents/guardians are preferred to be informed and involved in the therapy process. Legal documentation (such as custody orders) may be required to confirm the authority to consent for treatment. Parental involvement may be required outside of sessions to support therapy goals.

Risks and Benefits

Psychotherapy can lead to positive change such as symptom reduction, improved relationships, and better coping skills. However, it can also bring up distressing emotions. Therapy is a personal investment and may take time to show results. Alternatives to therapy include psychiatric treatment or no treatment at all. Your therapist will discuss suitable options if needed.

When Your Child Is the Client

Children and adolescents have a right to privacy in therapy. While therapists will keep most information confidential, any threats of harm or disclosures of abuse will be shared with parents/guardians and relevant authorities. Therapists may also encourage adolescents to share relevant information with their parents.

Professional Fees and Payment

Fees for therapy sessions will be clearly communicated in advance. Group therapy sessions, for example, **may cost Rs. 8,000 per month (or Rs. 2,000 per session).** Payment is expected at the time of the session and may be made via cash, bank transfer, or other locally accepted methods.

Late payment or bounced cheques may incur additional charges. If fees remain unpaid for more than 60 days, the center may pursue external measures for recovery. In such cases, only basic information (e.g., name, date, amount) will be shared — not therapy-related content.

Legal Proceedings

Therapists generally do not participate in legal or custody disputes. Information will only be disclosed if a valid court order is received. Therapists will not provide assessments or recommendations regarding custody or visitation.

Appointments and Cancellations

Appointments are offered Monday to Friday.. Clients must provide at least 24 hours' notice for cancellations; otherwise, a cancellation fee may apply (e.g., Rs. 1,000 for missed group therapy). Weekend or emergency appointments may be offered at additional cost.

Termination of Therapy

Therapy may end when treatment goals are met, or if either the client or therapist chooses to terminate the relationship. Reasons for therapist-initiated termination include non-compliance, non-attendance, non-payment, or if client needs exceed therapist's expertise. The therapist will make efforts to provide referrals if needed.

Therapist Availability

Therapists are available by appointment only. In case of emergency, clients should contact local emergency services or go to the nearest hospital. This center does not offer 24/7 emergency support.

Documentation and Record Retention

Client records will be retained electronically for 5–10 years as per the First Hope Center policy. Records may be shared upon written request or under legal requirements.

Parent/Client Agreement

I have read and understood the policies outlined in this agreement. I understand that I may request a printed copy of this document at any time. I agree to abide by the policies set forth and to raise any concerns with my therapist during therapy.

Client/Parent Signature: _____

Client/Minor Name (if applicable): _____

Date: _____

Therapist/Witness Signature: _____