

## Psychotherapy Agreement

This document will be completed in your first session. Agreement will be done either through signature (in-person work) or email (online work).

### **Fees and Cancellation**

Fees: I have an inclusive approach that respects the diversity of economic circumstances. Accordingly, I follow a geography-based model with a sliding scale. Your current residency and financial status are considered to determine your fee. Fees are payable at the end of each session or in advance.

Revision: I undertake a fee revision every year. This is discussed mutually and will take your specific situation into consideration.

Cancellation: If you are unable to keep an appointment, please inform me at least 24-hours in advance in writing, failing which you will be billed for the session. Of course, circumstances beyond your control will be considered in billing for cancelled sessions.

**Confidentiality**: Confidentiality is at the very heart of any therapeutic work, and as a professional, I am committed to it. Please note the following roles, responsibilities and exceptions to confidentiality.

Therapist: All information shared by you (the client) will be kept confidential. I will take all reasonable precautions to ensure that your personal information is stored safely.

Records: I will maintain a case log that contains notes about our therapy sessions. You will not have the right to access these records at any time.

Exceptions: It is important to be aware of situations and exclusions to confidentiality. Some of these include (but are not restricted to):

- a. While keeping your (client) identity confidential, I will discuss the session with my supervisor(s). This is to ensure that the therapy sessions support the client's healing journey completely and also assist my learning and development process. If I have to discuss your case with a colleague (fellow professional), I will use a pseudonym and discuss the relevant content without disclosing your identity.
- b. Only with your explicit written consent, at times, I may request to record a specific session or part thereof for supervision. Should you consent, I will store the recording until completion of supervision, post which it will be destroyed. As your face is revealed, you are free to decline this without prejudice to our working arrangement. You retain the right to withdraw consent up to the point of actual sharing.
- c. If you communicate threat of suicide or bodily harm and/or injury to yourself or to another, I am obligated to disclose this to your emergency contacts. I may also alert your family, if they are not listed as emergency contacts and, if I am able to connect with them. Social services may also be alerted.
- d. When there is confirmation of and/or reasonable doubt that your behaviour involves abuse to a child, a dependent adult or another person has occurred, or is likely to occur, then confidentiality will not be respected. Likewise, where potential homicide, and/or behaviour that may cause serious harm or injury to another is suspect, law enforcement may be alerted.
- e. If ordered by a competent authority recognisable by the law of land, confidentiality may not apply.
- f. In case of couple and family therapy, and joint relationship work, where both joint and individual sessions are conducted, confidentiality is not as water-tight as in one-on-one sessions. Therefore, please bear in mind that what you bring to an individual session might get discussed in the joint session or vice-versa.

Note: In general, I will inform you about my wilful exercise of non-confidentiality. However, it is not binding upon me as I will use my discretion.

**Indemnity:** You agree to indemnify me for any liability, loss or damage resulting from your behaviour or action / non-action in your personal or professional life that can either be linked to, or are independent of your work with me. You also undertake to indemnify me for *force majeure* causes.

**Jurisdiction & Governing Law:** Mumbai, Maharashtra, India.

**Observations:** Space for observations.

Amendment/Alteration ('none' for nil)

Fees agreed: \_\_\_\_\_

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

Therapist's Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Therapist's Full Name: \_\_\_\_\_

**Informed Consent**

I have read and understood the aforementioned agreement. I have had the opportunity to ask questions and I am clear about the agreement. I understand that Mr./Ms. \_\_\_\_\_ is a psychotherapist-in-training and I agree to enter on my own accord a professional therapeutic relationship with him/her on the terms and conditions outlined above. I agree to reconfirm/update my emergency contacts annually.

My emergency contacts:

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Phone & email: \_\_\_\_\_

Phone & email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Client's Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Client's Full Name: \_\_\_\_\_