Therapy and Counselling Consent

Agreement to start therapy.

THERAPIST NAME

QUALIFICATION / RCI NO.

Client

FULL NAME

EMAIL

PHONE

ADDRESS

EMERGENCY CONTACT

THEIR PHONE

Sessions and fees

SESSION LENGTH (MIN)

FEE PER SESSION (₹)

CANCELLATION NOTICE (HOURS)

Sessions cancelled with less notice than shown, or missed, are charged in full unless there is an emergency.

Confidentiality and its limits

What you share stays confidential. The therapist may break confidentiality only where the law requires it or where there is a serious risk of harm to you or someone else, such as a risk of suicide, harm to a child, or a court order. Where possible, the therapist will discuss this with you first.

Your rights under the Mental Healthcare Act, 2017 include confidentiality and access to your basic records. Notes are stored securely and kept for the period the law requires.

If you are in crisis between sessions, call 112 or the Tele-MANAS helpline on 14416.

Your choices

- Therapy can bring up difficult feelings; progress is not guaranteed.
- You may ask questions about the approach at any time and may end therapy whenever you choose.

☐ I have read and understood this information and agree to start therapy.

Client

SIGNATURE

PRINTED NAME

DATE

Therapist

SIGNATURE

PRINTED NAME

DATE