

MannCharcha — Therapy Informed Consent

THERAPY INFORMED CONSENT FORM

MannCharcha

Therapy & Mental Well-being Services

Client Name: _____

Date of Birth: _____

Parent/Guardian Name (if applicable): _____

Relationship to Client: _____

Date: _____

1. Voluntary Consent

I understand that therapy at MannCharcha is a professional service intended to support the client's emotional, psychological, behavioural and/or interpersonal well-being. I understand the nature and purpose of the therapy being offered to me/my child and voluntarily consent to participate in the therapy process. I understand that I may ask questions about the therapy process at any time and may discuss any concerns I have with the therapist.

2. Nature of Therapy

I understand that therapy is an individualised process and that the approach, techniques and frequency of sessions may vary according to the client's needs and progress. I understand that therapy may involve discussion of personal experiences, emotions, thoughts, behaviours, relationships and other areas relevant to the concerns being addressed. I understand that therapy is a collaborative process and that my/my child's participation and cooperation may contribute to the effectiveness of the intervention.

3. Expectations and Outcomes

I understand that therapy is a gradual process and that **no particular outcome, improvement or specific timeline can be guaranteed**. I understand that progress may vary from person to person and may depend on several factors, including

participation, consistency, individual circumstances and other factors affecting the client's well-being.

4. Confidentiality

I understand that information shared during therapy will be treated as confidential and will not ordinarily be disclosed to others without appropriate consent. However, I understand that confidentiality may have certain legal and ethical limitations, including situations involving:

- an immediate or significant risk of harm to the client or another person;
- concerns regarding the safety or protection of a child or vulnerable person;
- situations where disclosure is required by applicable law or a lawful authority;
- or
- other circumstances in which disclosure is professionally or legally necessary.

Where reasonably possible, the client/parent/guardian will be informed before information is disclosed.

5. For Children and Adolescents

Where the client is a minor, I confirm that I am the parent/legal guardian or otherwise authorised to provide consent for the child to receive therapy. I understand that therapy involving a child may require appropriate communication with the parent/guardian regarding the client's general progress and well-being, while respecting the child's privacy to the extent appropriate.

6. Communication Between Sessions

I understand that communication through phone, WhatsApp, email or other messaging platforms may be used for **appointment-related or brief therapy-related communication**, as applicable. I understand that such communication is not a substitute for a scheduled therapy session. I also understand that MannCharcha may not be continuously available to respond to messages.

7. Emergencies

I understand that routine therapy services are **not an emergency or crisis-response service**. In case of an immediate risk to the client's safety or the safety of another person, appropriate emergency or crisis services should be contacted rather than relying solely on communication with the therapist.

8. Online Therapy

Where therapy is provided online, I understand that reasonable measures will be taken to maintain privacy and confidentiality. I understand that online therapy may involve limitations related to internet connectivity, technology, privacy of the client's surroundings and other factors outside the therapist's control. I agree to participate from a reasonably private and appropriate environment wherever possible.

9. Sessions, Cancellation and Attendance

I understand that regular attendance is important for continuity of therapy. I agree to inform MannCharcha as early as reasonably possible if I need to cancel or reschedule a session.

Cancellation/Rescheduling Policy:

Repeated missed sessions, late cancellations or prolonged gaps in therapy may be discussed with the client/parent/guardian and may affect the continuation of services.

10. Fees and Payments

I understand the applicable therapy fees and payment terms communicated to me before or during the commencement of services. Any applicable changes in fees will be communicated appropriately.

11. Audio/Video Recording and Photographs

I understand that therapy sessions will **not be audio/video recorded or photographed for promotional, educational, social media or other public purposes without separate and specific consent**. If recording is ever considered necessary for a professional purpose, appropriate consent will be obtained separately.

12. Professional Boundaries

I understand that the therapist-client relationship is a professional relationship. I agree to maintain respectful communication and appropriate professional boundaries throughout the therapy process.

13. Continuation or Termination of Therapy

I understand that I may choose to discontinue therapy at any time. The therapist may also recommend discontinuation, modification or referral to another professional where this is considered appropriate based on the client's needs. Where reasonably possible, appropriate discussion or referral will be provided when therapy is being discontinued.

14. Acknowledgement and Consent

By signing below, I confirm that:

- I have read and understood this consent form.
- I have had the opportunity to ask questions about the therapy process.
- I understand the nature and limitations of therapy.
- I understand the limits of confidentiality.
- I understand that therapy does not guarantee a particular outcome.
- I voluntarily consent to receive therapy services from MannCharcha.
- I agree to terms and conditions mentioned on the website.

Client Name: _____

Client/Parent/Guardian Signature: _____

Date: _____

Therapist Name: _____

Therapist Signature: _____