

LISTENING EAR COUNSELLING & CONSULTANCY PTE LTD

Informed Consent to Treatment and Recipient's Rights

PSYCHOTHERAPY INFORMATION DISCLOSURE STATEMENT

Therapy is a relationship that works in part because of clearly defined rights and responsibilities held by each person. This framework helps to create the safety to take risks and the support to become empowered to change. As a client in psychotherapy, you have certain rights that are important for you to know about because this is your therapy, whose goal is your well-being. There are also certain limitations to those rights that you should be aware of. As a therapist, I have corresponding responsibilities to you.

I) Your Rights/My Responsibilities to You as Your Therapist

- A. Confidentiality:-** With the exception of certain specific exceptions described below, you have the absolute right to the confidentiality of your therapy. The centre will not share information with any person besides the therapist and his supervisor unless:
- a) You consent in writing, b) The disclosure is allowed by a court order, or c) The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or programme evaluation. d) The Centre learns that you plan to physically harm or endanger either yourself or another person. It is the Centre's duty to warn any potential victim when a significant threat of harm has been made and the Centre reserves this right to inform the authorities.
- Client data of clinical outcomes may be used for program evaluation purposes or research purposes, but individual identity will not be disclosed to outside sources. The therapist may at times speak with professional colleagues about the case to ensure best service without asking permission, but your identity will be disguised. In the event of a client's death, the spouse, parents of a deceased client have a right to access their loved one's records unless explicitly told not to.
- B. Record-keeping:-** Privacy is important, and while I take notes during session to keep track of your process, these are kept securely in individually protected confidential files and can only be accessed by me or my supervisor if required.
- C. Availability:** I am available for regularly scheduled appointment times unless I am in training or on vacation. You can contact me to make an appointment, and depending on the issue I will find time for you. I do not replace emergency services or doctors, but you can always message me, I do not charge for messaging.
- D. Independent Practice:** While I have supervisors who guide me, and my clinic uses the facilities of a co-working space with other professionals, I run my own private practice and am not partners with any other mental health professional.
- E. Other Rights: -** You have the right to ask about my qualifications and questions about anything that happens in therapy. I am always willing to discuss how and why I have decided to do what I am doing, and to look at alternatives that might work better. You can feel free to ask me to try something that you think will be helpful. You can ask me about my training for working with your concerns and can request that I refer you to someone else if you decide I am not the right therapist for you. You are free to leave therapy at any time.

II) Your Responsibilities as a Therapy Client/My Policies

- A. Timing: -** You are responsible for coming to your session on time and at the time we have scheduled. Generally, one session lasts between **50-60** minutes but it can end earlier by mutual consent. If you are late, we will end on time and not run over into the next person's session. If you miss a session without informing, or request to cancel with less than twenty-four hours' notice, it will be treated as a 'no-show' and you will forfeit your full fees for the session.
- B. Conduct: -** It is expected that you do not come intoxicated with alcohol or other drugs or carry them with you onto the premises. I do not substitute for emergency services, and in case of any emergency, please call the relevant services like 999. I only see clients by appointments, and so I would greatly appreciate if you could respect my time and other client's privacy by coming on time and not loitering or chatting with other clients in the waiting area.
- C. Fees: -** You are responsible for paying for your session before each session. My fee for an individual session of less than hour is 250 SGD in person, or 200 SGD if on Zoom. If we decide to meet for a longer session, I will bill you accordingly.
- D. Complaints: -** If you are unhappy with what is happening in therapy, I hope you will talk about it with me so that I can respond to your concerns. I take all criticism seriously, and with care and respect. If you give it in writing, I will attach it to your file. You are also free to discuss your complaints about me with anyone you wish, and do not have any responsibility to maintain confidentiality, since you are the person who has the right to decide what you want kept confidential.

Termination or Treatment/Non-Voluntary Discharge from Treatment:

The therapist may terminate treatment and notify the concerned authorities if:-

- i. You exhibit physical violence/self-harm, verbal abuse/threats, carry weapons, or engage in illegal acts at the clinic OR
- ii. You refuse to comply with stipulated programme rules, or refuse to comply with treatment recommendations, OR
- iii. You do not make payment or payment arrangements in a timely manner. OR
- iv. If some problem emerges that is not within the scope of competence of the therapist.

CONSENT TO TREATMENT

I, _____, the undersigned, of adult age (21 years and above)
ICNO: _____ residing at _____ Pin Code _____
contactable at (HP No) _____ Emergency No _____ Name _____ Relationship _____
hereby attest that I have **voluntarily** entered into treatment, at **LISTENING EAR COUNSELLING & CONSULTANCY PTE LTD** hereby referred as the **Centre** run by **DESOUZA KARL FRANCIS**, hereby referred as the **Therapist**.

I have read this informed consent completely and, had sufficient time to be sure that I considered it carefully, and asked any questions that I needed to.

I have received full and satisfactory response and agree to the provisions freely and without reservations. The rights, risks and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. I understand my rights and responsibilities as a client, including the right to confidentiality and privacy and my therapist's responsibilities to me.

I understand that the Therapist does not give any advice nor offer any solutions, but I am responsible for my own behavior and the choices I make, and I will not hold the Therapist responsible for any action on my part.

I agree to undertake therapy with the Therapist/Centre. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by the Therapist. I understand the limits to confidentiality required by law. I understand that my therapist from time to time makes teaching and research contributions using disguised client material. By consenting to treatment, I give consent to this process of professional contribution and the right to use disguised material without financial remuneration.

I agree to conduct myself in an appropriate, respectful, law abiding manner and hence come to the session in a sober state, and neither threaten, abuse or put the Centre/staff/other clients in any danger, and I will lose the right to carry on with the session if I violate that. I agree to pay the fees agreed upon before the start of every session and any extra if the session exceeds.

With my signature below, I acknowledge that I have read, understand, and agree to all of the above.

My signature below indicates that I have been explained my rights and responsibilities and understand all this. I also permit a copy of this authorization to be used in place of the original if needed.

I freely consent to treatment and agree to abide by the above stated policies and agreements with the CENTRE, namely **LISTENING EAR CLINIC & CONSULTANCY PTE LTD (SINGAPORE)**

Signature of Client

Date

Signature of THERAPIST

Date