

Diocese of Dharmapuri
Counselling Contract Form (For Individual)

Client Name:

Date of Birth:.....

Welcome to Diocese of Dharmapuri Counselling Service Centre. This document contains important information about our professional services and policies. Please read it carefully and note any questions you might have so you can discuss them with your therapist/counsellor during the first session. Once you sign this contract form, it will constitute an agreement between you, and Diocesan Counselling Service Centre (referred to as DCSC, hereafter).

1. Confidentiality: As part of providing a counselling service to you, your counsellor will need to collect and record personal information that is relevant to your current situation. Collection of personal information is necessary part of psychological assessment, therapy or counselling. The information provided by you (verbal or written) will be kept confidential and secure. No one except your counsellor and his or her immediate supervisor will have access to this information, except in the following situations:

- ★ You need us to share information about your therapy/counselling/assessment with someone else, and you give us a written permission to do so.
- ★ Your or any one else's life or safety is seriously threatened.
- ★ Disclosure is required by law.

Counsellors often consult with other professionals on cases and teach or write about the psychotherapy process, but disguise identifying information when doing so, that is client's name and other identifying information is never mentioned. Please indicate to your therapist if you wish to place restriction on consultation, teaching, or writing related to you case.

I have reviewed, understand, and agree to the stated policies regarding confidentiality _____
(Initials).

2. **Fees:** The services at DCSC are provided on a sliding scale basis and charged according to one's family income. Fee is charged on the basis of a 45-minute session for counselling. You will be expected to pay for each session at the time that is held. Once your standing appointment hour is scheduled, you will be expected to pay for it (even if it missed) unless you provide 24-hours advance notice of cancellation.

Based on your family income, your fee has been determined to be: Rs. 200/-

I have reviewed, understand, and agree to the stated policies regarding fee _____ (Initials).

3. **Office Hours:** The Office Hours at DCSC are Monday through Saturday, 9.00 am to 1.00 & 3.00 pm-6.00 pm. Appointment times are typically given within these hours. To contact your counsellor, you can the DCSC office at 09976493330 during office hours, and leave a message. If you need your counsellor to call you back, he or she typically do so within 48 hours.

4. **Termination:** The decision to terminate therapy belongs to the client, although it is strongly recommended that one discusses and evaluates this with one's psychologist. It is critical that you have a final session before terminating services. If at any point during counselling, your counsellor assesses that he/she is not effective in helping you reach the therapeutic goals, course of treatment and the possible need for termination will be discussed with you. In such a case, you will be given a number of referrals that may be of help.

I have read this informed consent completely and have raised any questions I might have about it with my counsellor. I have received full and satisfactory response and a copy of this informed consent form. I agree to comply with all items freely and without reservations.

Client's Name and Signatures

Date

Counselor's Name and Signatures

Date

*Diocese of Dharmapuri
Counselling Contract Form (For Family)*

Client Name (Husband):

Date of Birth:.....

Client Name (Wife):

Date of Birth:.....

Client Name (Children):

Date of Birth:.....

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5. Confidentiality: As part of providing a counselling service to you, your counsellor will need to collect and record personal information that is relevant to your current situation. Collection of personal information is necessary part of psychological assessment, therapy or counselling. The information provided by you (verbal or written) will be kept confidential and secure. No one except your counsellor and his or her immediate supervisor will have access to this information, except in the following situations:

- ★ You need us to share information about your therapy/counselling/assessment with someone else, and you give us a written permission to do so.
- ★ Your or any one else's life or safety is seriously threatened.
- ★ Disclosure is required by law.

Counsellors often consult with other professionals on cases and teach or write about the psychotherapy process, but disguise identifying information when doing so, that is client's name and other identifying information is never mentioned. Please indicate to your therapist if you wish

to place restriction on consultation, teaching, or writing related to you case.

I have reviewed, understand, and agree to the stated policies regarding confidentiality _____
(Initials).

- 6. Fees:** The services at DCSC are provided on a sliding scale basis and charged according to one's family income. Fee is charged on the basis of a 45-minute session for counselling. You will be expected to pay for each session at the time that is held. Once your standing appointment hour is scheduled, you will be expected to pay for it (even if it missed) unless you provide 24-hours advance notice of cancellation.

Based on your family income, your fee has been determined to be: Rs. 400/-

I have reviewed, understand, and agree to the stated policies regarding fee _____ (Initials).

- 7. Office Hours:** The Office Hours at DCSC are Monday through Saturday, 9.00 am to 1.00 & 3.00 pm-6.00 pm. Appointment times are typically given within these hours. To contact your counsellor, you can the DCSC office at 09976493330 during office hours, and leave a message. If you need your counsellor to call you back, he or she typically do so within 48 hours.

- 8. Termination:** The decision to terminate therapy belongs to the client, although it is strongly recommended that one discusses and evaluates this with one's psychologist. It is critical that you have a final session before terminating services. If at any point during counselling, your counsellor assesses that he/she is not effective in helping you reach the therapeutic goals, course of treatment and the possible need for termination will be discussed with you. In such a case, you will be given a number of referrals that may be of help.

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Client's Name and Signatures

Date

Counselor's Name and Signatures

Date