

Informed Consent Form for Counselling

I, _____, understand that I am seeking counselling and psychotherapy services from LightingWay Counselling & Therapy LLP (the 'practice'), and hereby give my consent to engage in therapy sessions with my therapist Stella Ong. I understand that therapy involves a collaborative process between myself and the therapist to explore and work through these issues in a supportive and confidential environment.

Nature of Therapy Services:

I understand that therapy sessions may include discussions of personal and sensitive topics, exploration of thoughts and feelings, and the implementation of therapeutic techniques or interventions. The therapist may use various modalities and approaches based on my needs and preferences, and I have the right to ask questions and provide feedback throughout the therapy process.

Confidentiality:

I understand that all information disclosed during therapy sessions will be kept confidential unless:

- o I provide written consent to release information to specific individuals or entities.
- o There is imminent risk of harm to self or others.
- o Suspected abuse, neglect, or harm to minors, elderly persons, or dependent adults.
- o Court orders or legal requirements.

Professional Boundaries:

I understand that the therapist maintains professional boundaries in the therapeutic relationship. This includes maintaining confidentiality, avoiding dual relationships that could compromise the therapeutic process, and refraining from any behaviour that could be construed as inappropriate or harmful. The therapist will uphold ethical guidelines set forth by the Singapore Association for Counselling.

Rights and Responsibilities:

As a therapy client, I have the right to:

- o Receive respectful, non-judgmental, and professional care from the therapist.
- o Be informed about the counselling process, including goals, techniques, and treatment plan.
- o Request modifications to the therapy approaches or interventions, and terminate therapy at any time.

I understand that it is my responsibility to:

- o Attend scheduled sessions punctually and actively engage in the therapeutic process.
- o Collaborating with the therapist to establish and work towards treatment goals.
- o Informing my therapist of any changes in circumstances or concerns regarding the therapy process.

Therapist--Client Fit

I understand that the effectiveness of therapy depends on a good fit between the client and the therapist. If at any time during the therapy process, I feel that the fit is not suitable or that I would benefit from a different therapist, I have the right to discuss this with my therapist and seek alternative options. I also acknowledge that the therapist reserves the right to decline to proceed with therapy if it is determined that there is not a suitable fit between myself and the therapist.

Fees Schedule and Booking Policy:

I acknowledge that therapy services are provided on a fee-for-service basis, and clients are required to pay for sessions in advance. I agree to pay for therapy services in accordance with the agreed-upon fee schedule. I understand that therapy sessions are scheduled in advance and that I am responsible for attending sessions punctually. In the event that I need to reschedule a session, I agree to provide at least 24 hours' notice to the therapist. Failure to provide adequate notice may result in a late cancellation fee.

I acknowledge that I have reviewed the booking policy as outlined on the practice's website. I understand that the practice reserves the right to revise the booking policy at any time, and that my continued use of the practice's services after any such changes constitutes my acceptance of the updated booking policy.

Emergency Procedures:

I understand that in case of a mental health emergency or crisis, I should immediately contact 24-hour crisis services. If I experience an emergency, I agree to contact SOS at 1-767, IMH mental health helpline at 6389-2222, or go to the nearest emergency room. If I need to contact the therapist outside of scheduled sessions due to an urgent concern, I will follow the procedures outlined by the therapist.

Informed Consent:

By signing this form, I acknowledge that I have read and understand the information provided in this therapy consent form. I have had the opportunity to ask questions and clarify any concerns I may have regarding therapy services. I voluntarily consent to participate in therapy with Stella Ong and agree to abide by the terms outlined in this form.

Client Name & Signature: _____

Date: _____

Therapist Name & Signature: _____

Date: _____