



Mithrah Holistic Services ABN: 428 943 834 92

Web: www.mithrah.com Email: Contact@mithrah.com

Informed Consent form for Community Counselling or psychological services

Please read through the information below and feel free to ask your questions about our sessions and/or anything about us. Once you are ready to participate, please sign this informed consent form below so we will have on our records that you have read the information and that you have been properly informed about the therapy.

CONFIDENTIALITY

We respect each and everyone's right to privacy and confidentiality and we shall make sure to maintain it that way. However, please understand that this is not absolute and is limited to provide for by law. Certain limitations are as follows:

- Threatening one's self or another that may result in physical harm;
- An act of physical or emotional abuse against a child or any person;
- Sexual abuse against a child where the child is living with the abuser;
- Whenever we are summoned by court order to disclose information against a participant. However, we shall notify you and let you exercise your privilege in the right to deny the disclosure of your records with us.
- Your prior written consent to release records.



CONDUCT AND RELATIONSHIP

For the safety, it is necessary that the following is required to be complied with by the client and therapist.

Discussions made within the therapeutic session are not allowed to be discussed outside with anyone in the community setting and should maintain the practice of confidentiality in order to build trust with fellow members;

- In the community setting, the therapist and client should maintain positivity and not induce disrespect among others;
- Maintain decorum and professional boundaries within the scope of the community setting
- Refrain from having a relationship with client(s) other than a therapeutic relationship while engaged in the session.

THE THERAPIST(S)

The therapists should maintain a professional relationship with the clients all the time and no more than that during the session. Any relationship with a participant may result in a "dual relationship" and may affect the goals of the session. However, in a community setting, and when the therapist happens to be a member of the same community, the therapist will ensure that the matters that are private to the group therapy sessions will never be discussed publicly unless the client initiates. The therapist(s) may not avoid public and community gatherings. However, they will follow the ethics and boundaries of community counsellors/therapists and may avoid any discussion or interaction with clients unless the situation demands. For example, in some community settings, community workers/therapists/counsellors may work as volunteers to serve or distribute food to community members and the general public including clients at community events. In such unavoidable circumstances, therapists will ensure community ethics and professional boundaries are maintained.



Consent by the client for community counselling / psychological services

I agree to adhere to the norms and expectations when meeting in the community setting as indicated above. I acknowledge that I have had the opportunity to ask questions and such questions were answered clearly and to my satisfaction.

Client:

First Name:

Last Name:

Signature:

Date:

Facilitator/Therapist

First Name: Shyamala

Last Name: Dhamarla Venkata Subba Rao

Signature: *Shyamala DV*

Date: Same date as that of the client



Consent Form for Community Group Counselling Services by Therapist

Dear _____ [Client's Name],

I, _____ Shyamala

DV _____

[Therapist's name], am providing counselling services to you in a community setting. This consent form aims to clarify the nature of our counselling relationship and the confidentiality measures in place.

Nature of Counselling: I will be providing counselling services to you as a community counsellor. This means that our interactions may occur in community settings, such as local gatherings, public events, or other places within the community where you feel comfortable and safe.

Confidentiality: As a community counsellor, I am committed to maintaining your confidentiality to the best of my ability. However, please be aware of the following:

1. **Community Member Role:** While I am bound by professional ethics to uphold confidentiality, I am also a member of this community. This means that I may interact with community members outside of our counselling sessions. I will always strive to maintain your confidentiality during these interactions.
2. **Public Settings:** It may not always be feasible to avoid public or community gatherings where our paths might cross. In such cases, I will respect your privacy and confidentiality. If we encounter each other in a public setting, I will not initiate any conversation regarding our therapeutic relationship and/or sessions, or acknowledge our counselling relationship unless you initiate contact first.
3. **Limits to Confidentiality:** In rare circumstances where there is a risk of harm to yourself or others, or where required by law, I may need to disclose information to ensure your safety or the safety of others. I will discuss any such disclosures with you unless there is an immediate risk of harm.



Client Responsibilities:

- It is important for you to inform me if you have concerns about our interactions in community settings or if you prefer that our sessions take place in specific locations within the community.
- Please notify me if there are any changes to your contact information or if you wish to discontinue our counselling sessions.

Agreement: By signing this form, you indicate that you understand and agree to the conditions outlined above regarding our counselling sessions in community settings. You also acknowledge that you have had the opportunity to ask questions and seek clarification about any aspect of this consent form.

Client's Signature:

Date: _____

Community Therapist's Signature: *Shayamala DV*

Date: ____ Same date as that of the client

Please retain a copy of this form for your records. If you have any questions or concerns about this consent form or our Community counselling or group therapy sessions, please do not hesitate to discuss them with me.

Thank you for your trust in my counselling services.

Sincerely,
Shyamala Dhamarla Venkata Subba Rao

[Community Counsellor's Name]

[Contact Information]

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Social Media and Internet Policy for Therapists and Clients

Purpose: This policy outlines guidelines for therapists and clients regarding the use of social media and the internet to maintain professional boundaries, confidentiality, and ethical conduct.

General Guidelines:

1. **Therapist's Role:** As your therapist, I am committed to maintaining a professional and ethical relationship with you. This policy aims to clarify how social media and internet interactions will be managed to protect your confidentiality and our therapeutic relationship.
2. **Client's Role:** As my client, you are encouraged to use social media and the internet in ways that are respectful of your privacy and our therapeutic relationship.

Use of Social Media:

1. **General Public Interaction:** Both therapists and clients may engage in social media activities (e.g., posting, commenting, messaging) as members of the general public. However, interactions related to our therapeutic relationship (including acknowledgement of such a relationship) should not occur on social media platforms.
2. **Confidentiality:** It is crucial to avoid sharing any identifiable information about our therapeutic sessions, discussions, or your personal information on social media. This includes refraining from tagging or mentioning each other in posts related to our sessions.
3. **Boundaries:** Therapists and clients may be part of same social media groups and networks. Once therapy starts, clients and therapists are encouraged to maintain boundaries to preserve the integrity of our therapeutic relationship.
4. **Emergency Situations:** If you are experiencing a mental health crisis or urgent need for support, please contact emergency services or our agreed-upon communication method rather than using social media for assistance.
5. **Limitations:** It may be not possible to stop social media interactions and messages. However, both the client and therapist can try their best to limit it to the social context. Therapist cannot be held accountable for any incident if the client engages or initiates or continues social media interactions and messages.



Internet and Email Communication:

1. **Confidentiality:** Email and internet communications related to our therapy sessions should be conducted using secure, encrypted platforms whenever possible to protect your confidentiality.
2. **Response Time:** I will make every effort to respond to your emails or messages within a reasonable timeframe, typically within [specify timeframe, e.g., 24-48 hours], excluding weekends and holidays.
3. **Limitations:** Email and internet communication should not be used for urgent matters or emergencies. Please use alternative means of communication for time-sensitive issues.

Agreement: By signing below, you acknowledge that you have read and understood the Social Media and Internet Policy for Therapists and Clients. You agree to abide by these guidelines to maintain the confidentiality and integrity of our therapeutic relationship.

Client's Signature: _____

Date: _____

Therapist's Signature: Shyamala DV _____

Date: ___ same date as that of the client

Please retain a copy of this policy for your records. If you have any questions or concerns about this policy or its implementation, please feel free to discuss them with me.

This policy is intended to provide clear guidelines for both therapists and clients to navigate social media and internet usage while maintaining professional boundaries and confidentiality.

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