



wellness X dignity
SERVICE TERMS AND CONDITIONS

1. Services Offered

I acknowledge and understand that **wellness X dignity** (“Wellness”), operating under Dignity for Children Foundation (“Dignity”), provides a wide array of psychological services encompassing psychological assessments, individual and group psychotherapy, career counseling, training sessions, consultations, and workshops. I further acknowledge that, on occasion, it may be necessary to engage with practitioners from other healthcare disciplines to deliver comprehensive care to either myself or my child (“Me/my Child”). Such services may be administered by licensed and registered practitioners or by intern practitioners under the direct clinical supervision of licensed and registered practitioners.

2. Professional Relationship and Boundaries

I understand that the association between Me/my Child and the Practitioner shall remain exclusively professional in nature and shall be confined to the aforementioned services. This professional relationship will be governed by the ethical guidelines adhered to by the Practitioner. I acknowledge that any communication or interaction between us shall be limited to the premises of wellness X dignity and the prescribed means of communication. Exceptions to this limitation may occur in cases involving Me/my Child's safety during a crisis.

3. Limitations on Service Provision

I understand that the Practitioner may be unable to provide services or may refuse to continue providing services under the following circumstances:

- Clinical considerations, such as cases exceeding the Practitioner's capacity and competence to provide effective assistance.
- Ethical considerations, including but not limited to dual relationship issues and inappropriate conduct.
- Involvement in legal proceedings, such as court-ordered interventions or forensic assessments.
- Abuse or misuse of services in any manner, such as non-compliance with treatment recommendations or frequent missed appointments.

In the event that services are denied or it is determined that Me/my Child's needs are better addressed through alternative sources of care, I am aware that the Practitioner may offer suitable alternatives or referrals that are available to assist Me/my Child.

4. Confidentiality

I understand that all information disclosed during consultations and sessions is confidential and may not be disclosed without my express written consent. Additionally, I understand that updates on Me/my Child's treatment progress may be communicated to relevant supervisors and the Head of Wellness, but only to individuals with a legitimate need to know, either verbally or in written form, and within the confines of relevant privacy statutes. Any release of information will be discussed with me before being communicated by the Practitioner.

Confidentiality may be breached in the following legally mandated circumstances:



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- If Me/my Child presents an immediate threat of harm to themselves or others, necessitating actions such as notifying family members, potential victims, or law enforcement.
- In cases indicating the abuse of a child or dependent adult.
- If Me/my Child becomes gravely disabled.
- When the Practitioner's files or professional testimony are subpoenaed by a court.

5. Access to Information

I have the right to access general information about Me/my Child's treatment, progress in consultations and sessions, assessment results, and, upon request, obtain copies of Me/my Child's treatment records for valid reasons, such as court proceedings. However, I understand that requesting specific details about the content of consultation sessions and clinical supervision may adversely affect the trust between Me/my Child and the Practitioner.

6. Audio and Video Recording

I understand that consultations and sessions involving Me/my Child may be audio and/or video recorded for the purpose of ongoing training and clinical supervision. These recorded files are treated confidentially and will be deleted after their intended use. Any concerns I may have about recording will be addressed by Me/my Child's Practitioner, and recording will not occur without my or Me/my Child's consent.

7. Risks and Benefits

I am aware that consultations and sessions carry the potential for both risks and benefits. Consultations and sessions may entail the risk of recalling unpleasant events and arousing strong emotional reactions. They may also impact relationships with significant others. Conversely, the benefits of consultations and sessions may include an improved ability to relate to others, a clearer self-understanding, enhanced values and goal clarity, increased academic or work productivity, and improved stress management. Engaging responsibly with these issues may foster personal growth.

8. Appointment and Payment Terms

I shall initiate bookings through the designated website and make payment to the bank account designated by Wellness and identified by a subsidiary account number provided by Dignity's Finance department. An advance payment of the full session fee is obligatory to secure an appointment. Failure to make payment within 24 hours from the time of booking will result in booking cancellation.

I acknowledge that I must provide the Practitioner with at least 24 hours' notice prior to a scheduled appointment if Me/my Child is unable to attend. All appointments will commence and conclude as agreed upon. Depending on the Practitioner's availability, extensions to the predetermined duration of appointments may be granted at a pro-rated fee on a quarter-hour basis.

If the following situations arise, consultation or session fee paid will not be refunded:



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- Rescheduling with less than 24 hours' notice from the scheduled appointment time, resulting in the appointment being considered a no-show.
- No-show or late arrival (without prior notice) exceeding 15 minutes from the scheduled time.

In the event of an emergency circumstance that renders attendance impossible (e.g., medical conditions, natural disasters, etc.), the session may be rescheduled only once without additional charges. Failure to make payment may result in the suspension or withdrawal of services until the outstanding fee is settled.

9. Technology-Based Communications

I understand that the Practitioner will ensure that any technology-based communications used comply with applicable legal and ethical requirements. Reasonable precautions will be taken to safeguard the confidentiality of information transmitted through electronic means. I acknowledge my responsibility to create a conducive environment to ensure Me/my Child's safety, comfort, and privacy during appointments.

10. Consent

I hereby grant consent for the Practitioner at wellness X dignity to provide services to Me/my Child. I also consent to the collection of personal information about Me/my Child for the purpose of delivering these services. I have had the opportunity to discuss any questions I may have about this information.

Client's signature: _____

Date: _____

Client's name: _____

Guardian/Emergency Contact's signature: _____

Date: _____

Guardian/Emergency Contact's name: _____

Practitioner's signature: _____

Date: _____

Practitioner's name: _____