THE CRESCENT COUNSELLING CENTRE

PSYCHOLOGICAL INTERVENTION AND COUNSELLING CONSENT FORM

The Crescent Counselling Centre

We are a licensed counselling centre with psychologists who have several years of experience specializing in various psychological diagnoses, assessments and therapeutic counselling processes. We value our relationship with our students and clients and believe that such a relationship is the beacon in the healing process. We believe that each individual is unique and has their own way of addressing resolutions. Thus, we believe in a wellness model that helps our clients empower themselves by focusing on what works for them and not on a systematic approach that provides a generic procedure for working on a treatment. One's journey is not the same as the other.

Client's Rights

The client may ask questions on what to expect during and the end result of the therapy. The client may decline to proceed with the therapy as to the techniques which may be conducted by the therapist. The client may cease to continue therapy anytime, without any impediment and may return to therapy anytime. The therapist has the right to dismiss the client from the course of therapy. The client has the right to review their records from the therapist. Right to confidentiality: Within limits provided by law, all records and information acquired by the therapist shall be kept strictly confidential in accordance with the principles of a doctor-patient relationship.

All information will not be shared or revealed to any person, agency, or organization without the prior written consent of the client. The client can raise any concerns and speak with the therapist immediately, provided that the therapist is likewise available to discuss matters with the client. The details of the client will be provided to the higher officials and other doctors who are in charge of the student or the client or to the parents in case of an emergency without the consent of the client.

B.S. Abdur Rahman Crescent Institute of Science & Technology
Deemed to be University u/s 3 of the UGC Act, 1956
GST Road, Vandalur, Chennai 600 048

Please check the items that you believe are affecting you.

- ☐ Alcohol or drug problems
- ☐ Anger or hostile feelings
- ☐ Anxiety, nervousness, fears
- ☐ Sadness or Depression
- ☐ Eating or appetite problems
- ☐ Family issues
- ☐ Procrastination
- ☐ Physical distress
- ☐ Relationship/marital concerns
- ☐ Sexual concerns
- ☐ Shyness
- ☐ Traumatic experiences
- ☐ Social conflicts
- ☐ Suicidal feelings or behaviours
- ☐ Stress
- ☐ Sleep disorder
- ☐ Self-control
- ☐ Self-esteem or confidence
- ☐ Work or career concerns

Acknowledgement *I have reviewed this Professional Counselling Informed Consent Agreement. I likewise understand my Client's Rights set in this form. I accept this agreement and consent to counselling.*

Willingness for the counselling: *By signing this consent form, I understood my current mental state and need for the counselling process, and I agree to take counselling on my own willingness to enhance my mental health and handle the challenging areas of my life.*

Signature with Name & Date:

Student or Client Name :

Age :

Sex :

Educational Qualification :

Department :

Referral mode : Self/staff referred; if so, name of the staff:

Parents name :

Local Guardian Name :

Contact number :

Parent's/ guardian's contact number with relationship:

Address :

Signature :

Date :

Payment : Nil