#### **INFORMED CONSENT**

participate.

# **IFS Consultant and Psychologist:**

Matīss Eglītis

#### Client:

Please read the entire document carefully, sign it, and return it via email to matiss@ifsterapija.lv.

## 1. Online IFS Consultation

IFS consultations will be conducted using the Zoom platform. Prior to session, you will receive a link to join our meeting.

# 2. Therapist's Training and Supervision

To foster ongoing professional development, I regularly participate in various professional trainings and supervision sessions.

#### 3. Confidentiality

Information disclosed during sessions is confidential. However, exceptions apply in cases where there is an imminent risk of harm to you or others, or if disclosure is required by a court order. In order to maintain professional standards, supervision may occur, but no identifying information will be shared.

# 4. Appointments, Payment, and 24-Hour Cancellation Policy

## • Payment:

Sessions are to be paid via bank transfer on or before the day of the session. Both the consultant and the client are obliged to attend the pre-arranged sessions. If the client fails to attend a confirmed session, the full session fee will still be due.

### • 24-Hour Cancellation:

Both the client and the consultant agree to provide at least 24 hours' notice when cancelling or rescheduling a session.

- Client Cancellation: If cancellation occurs less than 24 hours prior to the scheduled time, or if the client does not attend, the full session fee will be charged.
- Consultant Cancellation: If the consultant must cancel or reschedule a session less than 24 hours prior, the client will not be charged for the following session.

5. I	Limitations	and	Emergency	y Procec	lures
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Emergency Contact (Name and Number):

In the event of an emergency, please contact the designated emergency contact:

By cigning holow	you confirm that y	ou agroo to part	icinato in online	IEC concult

By signing below, you confirm that you agree to participate in online IFS consultations with Matīss Eglītis and understand the terms outlined in this document.

Client Signature: _		
Date:	_	