

In-Person Psychotherapy Consent and Practice Agreement

Practitioner: Muhammad Mustafa Khan

License Number: 849120

Licensed in: Ontario, Canada (OCSWSSW)

Practice Jurisdiction and Licensing Disclaimer

I am a licensed social worker registered with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) in Ontario, Canada. I am legally covered and regulated by the Psychotherapy Act in Ontario, which sets standards for ethical practice, confidentiality, and professional conduct. Additionally, I hold clinical training from the University of Toronto (U of T), ensuring a strong foundation in evidence-based therapeutic practices.

While I adhere to the ethical standards and principles set by OCSWSSW and the Ontario Psychotherapy Act, my practice in Lahore is conducted within the context of local laws and regulations. Please be aware that my licensing through OCSWSSW does not extend legal practice rights outside of Ontario. The services I provide here are based on my licensing and ethical standards as a social worker, but they are not regulated by Ontario's licensing body within this jurisdiction.

You acknowledge and understand that my practice is based in Lahore, and I am committed to providing ethical, competent services respecting local laws, cultural considerations, and the ethical principles similar to those of OCSWSSW.

Purpose of Therapy

The goal of therapy is to promote mental health, well-being, and personal growth through a confidential and supportive process. Therapy may involve discussing sensitive issues, and a safe, respectful environment is maintained.

Confidentiality and Privacy

I am committed to protecting your privacy and confidentiality within the limits of the law. Information shared during sessions will not be disclosed to third parties without your explicit consent, except in the following circumstances:

- When there is a risk of serious harm to yourself or others.
- Suspected abuse or neglect of minors or vulnerable adults.
- When required by law or court order.

All client records will be kept in accordance with ethical standards similar to those of OCSWSSW and applicable local laws.

Session Fees and Payment Policies

Standard individual session (up to 50 minutes): 6000 Rs

Joint sessions or sessions exceeding 50 minutes: Additional 2,000 Rs per session

Payment must be completed before the session begins.

Cancellation and Rescheduling Policy

Please provide at least 24 hours' notice to cancel or reschedule sessions.

Failure to do so will result in a full session fee charge unless under exceptional circumstances.

Session Duration and Additional Charges

Typical sessions last 50 minutes.

If sessions go over 50 minutes or are joint, an additional fee of 2,000 Rs applies.

Professional Boundaries and Ethical Considerations

The relationship is professional and therapeutic.

No dual relationships or conflicts of interest should occur.

I am committed to maintaining appropriate boundaries.

Informed Consent and Voluntary Participation

Your participation is voluntary. You have the right to withdraw from therapy at any time without penalty. You are encouraged to openly share any concerns or questions about the process.

Termination of Therapy

Either party may terminate therapy at any time with notice. I will assist in a planned termination process to ensure your needs are addressed.

Client Responsibilities

Cancel or reschedule sessions at least 24 hours in advance to avoid charges.

Payment for sessions must be made prior to the scheduled session.

Consent

By signing below, I acknowledge that I have read, understood, and accept the terms of this agreement, and I consent voluntarily to participate in psychotherapy.

Signature of Client: _____

Date: _____

- Do you give consent for the caretaker to be involved in the therapy process and communicate with the practitioner regarding the client's care? ___ Yes ___ No

Caretaker Information and Consent

Full Name of Caretaker: _____

Relationship to Client: _____

Contact Number: _____

Email Address: _____

Caretaker Consent

By signing below, I confirm that I am the legal guardian or authorized caretaker for the client named above. I understand and agree to the terms of this agreement, and I consent to be involved in the client's therapy process, including receiving information relevant to their care, respecting confidentiality, and communicating with the practitioner as needed.

Signature of Caretaker: _____

Date: _____