



ADULT CONSENT FORM

This consent form provides a clear framework for our work together. Feel free to discuss any of this with me. Please read and review this information. If you agree, sign the form below and add your initials on each page.

Seeking therapy is a very positive step taken by you. The outcome of the treatment depends largely on the medical condition of the child, length of time spent in therapy, the frequency, consistency, and regularity of the therapeutic work including work with the therapist and the work at home with a parent or another primary care giver. Being in neurodevelopmental and cognitive therapy can heighten awareness of oneself and one's mental processes which sometimes causes temporary unrest while the brain and body transitions and eventually adapts. I am here to support you and do my very best to help you navigate these changes. I may also advise you to consult or allied with colleagues and other related professionals to add more services that are befitting for the overall progress of the child.

Masgutova Neurosensori Reflex Integration therapy

Masgutova Neurosensori Reflex Integration therapy involves the use of proprioceptive touch on the child's sensory and tactile systems of the body. The process involves the use of touch between the child and the therapist. The purpose of this process is therapeutic. By signing on this form Thinking CAPS along with their therapists, the parents and the child are bound by the privacy policies of the Svetlana Masgutova Educational Institute and the parental agreement of the Masgutova method. Please also find attached their forms for your consent and use.

Appointments and cancellations

A standard therapy session is 45-50 minutes. Once we agree to work together, we will usually schedule an appointment every 1-2 weeks. Clients are expected to be punctual. Any delay will be deducted from the session time itself. Any cancellation needs to be intimated 24 hours in advance. The inability of such intimation will result in the billing of full session charges.

Accessibility



If you need to contact me in between sessions, please send me a message on WhatsApp. I will try and reply to your messages in a timely manner. If there is a true emergency, please call me on +91 9930455403 (WhatsApp or Facetime calls only) .

Termination

Ending relationships can be difficult. It is therefore important to have a termination process in order to achieve some closure. Any termination will always be first discussed. The reasons and purpose of terminating the same along with possible ways to move ahead will also be touched upon.

Medical history:

Parents are required to disclose the complete medical history or any adverse health condition. Parents are also required to disclose any medication the child is on and share any other therapies the child is undertaking.

Code of conduct:

Parents are required to not engage in any behaviour which is insensitive. Racial and non-inclusive remarks will not be tolerated at the place of work or activity.

Media disclosures:

Video recordings or pictures may be shared with parents and helpers of the child at the studio. These images, videos or any other medium may be used for communication, explanation/s or for practices to be carried out at home with a parent or primary caregiver. Sharing of media files like photos, videos or whatever the relevant advancement in media is, may be required to be done by the parent to other parents or professionals or vice versa, the same can be done after written permission is sought. The same may be used on websites, folders or any similar medium for the purposes of communication by Thinking C.A.P.S.

Indemnity:

Parent/s shall indemnify Thinking C.A.P.S from and against all claims, liabilities, damages, costs and attorneys' fees arising from a parent's and family member's actions in any activity, any negligent or intentional acts by parent and/or family member, or any misrepresentation by, or breach by parent of, any warranty, covenant or agreement made by a parent with Thinking C.A.P.S.

**Severability:**

The parent understands and acknowledges that it is the parent's intent that this Agreement shall be interpreted as broadly for the protection of the Institute as permitted by law. In the event that any provision or portion of this consent and terms form shall be declared invalid or unenforceable for any reason by a court of competent jurisdiction, such provision or portion shall be considered separate and apart from the remainder of these consent and terms, which shall remain in full force and effect.

Dispute

All or any dispute, controversy or claim directly or indirectly caused by, arising out of, or relating to this document and/or our interactions and sessions will be governed by the laws of India. The jurisdiction for the same will be *Delhi/Gurgaon*

Safeguard Policy

To know more about our safeguard policy, you could click on the 'safeguarding policy on our website www.thinkingcapsedu.com.

Confidentiality

The session content and all relevant materials to the client's treatment will be held confidential. However, there are certain limitations of such client held privilege of confidentiality and they are as follows:

- If there is evidence of clear and imminent danger or harm to self and/or others, the therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Disclosure of information, if required by law.
- Therapeutic work: Information relevant to work with a child will be shared with allied professionals and colleagues (at times 2 people work on different goals with the same child). Circumstances such as these will involve sharing of information.

Emergency Contact Details



Has to be an adult above 18 years of age. Has to be someone who lives in proximity to the client and not in a different city. It needs to be someone who the client is comfortable with.

Name:

Contact Number:

Relationship with the client:

Parent/Guardian Signature:

Date:

Consent & Agreement to Policies

I hereby give my consent for the organisation to provide services to me/my child as applicable. I understand that these documents explain how my information is collected, used, stored, and protected, as well as the rules governing my use of the services. I understand that my personal information, including any sensitive or health-related details I share, will be handled in accordance with the organisation's **Privacy Policy**, which I have reviewed on the official website.

I also acknowledge that I have read and agree to the **Terms & Conditions** listed on the website, which outline my responsibilities, the organisation's responsibilities, service limitations, and important guidelines.

I understand that the Privacy Policy and Terms & Conditions may be updated periodically on the website, and I agree that my continued use of the services indicates acceptance of any updated versions.

Signature: _____

Name: _____

Date: _____