

## **INFORMED CONSENT FORM FOR INDIAN PATIENTS**

This document contains important information about our professional services. Please read it carefully. When you sign this document, it will represent an agreement between us.

### **PSYCHOLOGICAL SERVICES**

Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to actively work on things we talk about both during our sessions and home.

Our initial session(s) will involve an evaluation of your needs. By the end of the evaluation, we will be able to offer you some first impressions of what our work will include and a treatment plan to follow, in case you decide to continue with therapy. If you have questions about our procedures, we should discuss them whenever they arise.

### **MEETINGS**

We normally conduct an intake evaluation that usually lasts for one to two sessions but sessions may be more depending upon the severity of problem.

When psychotherapy is begun, we will usually schedule one 45-60 minute session per week at a time we agree on, although some sessions may be longer or more frequent. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide **24 hours advance notice of cancellation** unless we both agree that you were unable to attend due to circumstances beyond your control. If it is possible, we will try to find another time to reschedule the appointment.

**PSYCHOLOGICAL TESTING-** In some cases we might have to do some psychological testing to evaluate your personality or other related issues of your life. These tests are charged separately.

### **MEDICATION:**

It is made clear that psychiatric medication may induce side effects. Before beginning medication the patient may independently evaluate and take independent advice with regard to the same. It is further clarified that in case of any reaction/side effect the concerned Psychiatrist/Physician or his team will not be liable for any civil/penal action in any way.

### **CONFIDENTIALITY**

In general, privacy of all communications between a patient and Psychotherapist/Psychiatrist/Psychologist is protected by law and we can only release information about our work to others with your written permission or in exceptional circumstances or when mandated by law of India. However, we might use your data for research &/or publication without revealing your identity that is beneficial for humankind.

### **EMERGENCIES:**

It is made clear that in case of emergencies, the patient is to contact/get admitted into a nearest hospital and Dr. Sandeep Vohra or his team will not be available nor is in a position to offer emergency aid to a patient which only a hospital can provide. Likewise, no indoor patients requiring admission will be entertained at Dr. Sandeep Vohra's clinic either offline or online.

### **TELEPHONIC CONTACT:**

Dr. Sandeep Vohra will not be handling any calls directly from you or anyone on your behalf. All issues requiring any clarification will be done through his front desk (either offline or online).

### **PROFESSIONAL FEES:**

We charge as per the time spent with the patient. Please go through the charge schedule available online/at the front desk

*Signature of patient*

**BILLING AND PAYMENTS:**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Onus of collecting the Psychological Tests/Reports/Lab reports is on the client within 3 months of getting it done.

**CANCELLATION POLICY:**

Our sessions have to be pre-booked well in advance with full payment and can be rescheduled 24 hours or more prior to the scheduled appointment time.

An appointment slot once booked is blocked by the psychologist and no other person(s) can be seen at that time and if it is cancelled by that person(s) without sufficient prior notice then this precious time is lost as someone else could have been adjusted in that time for our emotional wellness services instead.

If psychologist has to wait for more than 15 minutes to start the session then that session will be cancelled and charged fully.

24 hours prior: No charge+ Reschedule to anytime

Within 24 hours of scheduled appointment time: 50% deducted from the deposit and 50% adjusted in the next session\*

*\*The above policy is only applicable for the first cancellation. Any subsequent cancellation is chargeable amounting to full non-refundable cancellation of the session.*

**TREATMENT TERMINATION:**

If at any time during the course of your treatment we determine we cannot continue, we will terminate treatment and explain why this is necessary. Ideally, therapy ends when we agree your treatment goals have been achieved. If you are meeting with another therapist, you must first terminate treatment with that therapist before we can begin providing services. If you remain in therapy with someone else and this becomes apparent after we begin, we are ethically required to terminate your treatment. Other legal or ethical circumstances may arise and compel us to terminate treatment.

Other situations that warrant termination includes: regularly becoming enraged or threatening during session; bringing a weapon onto the premises; persistent drug abuse; arriving under the influence of drugs or alcohol; disclosing illegal intentions or actions.

**DISPUTES:**

In the event of any dispute or difference before the parties hereto or any question pertaining to interpretation of this agreement or any clause thereof, the same shall be resolved by way of arbitration under the Arbitration and Conciliation Act, 1996 by a sole arbitrator. The sole Arbitrator shall be nominated by the Managing Director of Vohra Neuropsychiatry Centre Healthcare Pvt Ltd. The venue of arbitration shall be New Delhi

**ONLINE MENTAL WELLNESS SERVICES BY DR SANDEEP VOHRA AND HIS TEAM THROUGH VOHRA NEUROPSYCHIATRY CENTRE HEALTHCARE PORTAL/VNC APP.**

Now by prior online appointment you can consult Dr.Vohra&/or his team .Each meeting(irrespective of the gap between visits) with Dr.SandeepVohra via videoconferencing, lasting maximum 15 minutes will be by prior appointment on first come first serve basis through hisclinic at East Patel Nagar. Each visit is chargeable as per the prevailing new case & subsequent follow up fees.

**FOR FREE MINI CONSULTATION ON PHONE**

( PLEASE ALWAYS QUOTE RELATIONSHIP NUMBER WHICH IS – VNC 0#### ) For follow up questions/queries/ medicines adjustments, please contact Dr Vohra's personal secretary Mr. Chaman (9899888288), give your relationship number and tell your problem to him. The answer to the problem

will be given by Dr.Vohra after checking patient's file, BUT CONVEYED BACK THROUGH HIS SECRETARY ,MR CHAMAN TO YOU.

Each patient/ relative/caregiver has full right to take another psychiatric opinion in case of above mentioned service delivery arrangement is not acceptable to him or her.

For any feedback/ suggestions or any other query you can also email us at [helpdesk@vohranc.com](mailto:helpdesk@vohranc.com).

*Signature of patient*

**UNDERTAKING LETTER FOR INDIAN PATIENTS**

Date:

To,

The Vohra Neuropsychiatry Centre Private Limited,

29/24, East Patel Nagar

New Delhi -110008

INDIA

Website- vohranc.com

Subject: Undertaking letter to give consent and Act according to the Arbitration & Conciliation Act, 1996

Dear Sir,

I,Mr./Ms./Mrs.\_\_\_\_\_S/o,D/o\_\_\_\_\_residing in India territorial/in the territory of \_\_\_\_\_

That I am fully aware of the terms and conditions of your company Vohra Neuropsychiatry Centre Private Limited. I am giving my consent to follow your terms and conditions and act according/under the Arbitration & Conciliation Act, 1996. Any such dispute shall be referred to an Arbitrator who shall be appointed by the Managing Director of the company Vohra Neuropsychiatry Centre Private Limited. The Arbitrator shall be a qualified psychiatrist.

Whereas if any dispute arises in the future between your company and me, It shall be resolved through Arbitration.

I will be myself responsible for procuring medicine (if prescribed any) and neither VNC nor any doctor/ counsellor who are part of the treating team will be responsible or held liable for any untoward incident directly or indirectly related to medicines/ counselling.

I hereby undertake all the responsibility of myself during the treatment process with Vohra Neuropsychiatry Centre Private Limited. My government photo ID (Aadhar card/Passport/Voter ID/Driving license) copy is attached herewith. I will give the true and correct information and shall not conceal any material information.

Thanking you.

Yours Faithfully,

Signature of patient

Signature of Guardian /Informant

Name of patient

Name of Guardian/Informant

Mobile Number:-

Mobile Number:-

Note: This undertaking letter is to be submitted by the client/patient of Vohra Neuropsychiatry Centre Private Limited for treatment purpose.