



Dear Client,

You have just taken a very positive step by deciding to seek counseling. We are happy that you have chosen our counseling office **TEMPLE'S COUNSEL AND MIND ACADEMY (TCMA)** as your handler.

We started un-officially in 2008 advising youth groups in poverty-ravaged neighborhoods ridden by teenage drug & sex abuse under the Grassroots and Shoots initiative. Over the years, we are gradually becoming a trusted community, relationship, marriage, addiction recovery and psychotherapy center in the country.

We are open to you regardless of where you live with options for 1-on-1, phone and virtual options. Fees for counseling are affordable and decrease significantly when clients opt for our convenience packages or longer therapy sessions.

Over 15 clients are seen each week across individual, couple, family, group, psychotherapy or addiction recovery needs. We offer support group services for divorcees, seniors, abuse, bereavement, and other relevant topics.

Lastly, our excellent reputation for strict confidentiality is second to none as we look forward to helping you walk-through this period.

Warm regards,

OBIKE T.E, LMFT, LPC.

Lead Therapist



Consent for Treatment

Please read carefully

Counseling is a working cooperative relationship between you and your therapist. Each member of this cooperative relationship has certain responsibilities. Your therapist will contribute their knowledge, expertise, and clinical skills. You, as the client, have the responsibility to bring an attitude of collaboration and a commitment to the therapeutic process. While there are no guarantees regarding the outcome of the treatment, your commitment may increase the likelihood of a satisfactory experience.

I. Fees and Appointments

1. Appointments are 50 minutes in length (called a therapeutic hour), and take place on a weekly basis. Your therapist holds your specific hour for you each week (or as agreed upon). If you are unable to keep an appointment (virtual or offline), please cancel at least twenty-four hours before the session time. You will be allowed to cancel thrice within a two-month period with no charge. On the fourth cancelled appointment you will pay for the fourth to compensate for the therapists time.

For all clients,

2. We ask that you pay prior to your session(s). We reserve the right to suspend therapy if payments are not received. For clients located especially in service areas outside the therapist's primary base, they are required to make payments at least 36 hours before their session.
3. Please discuss any concerns regarding your financial status with your booking agent and not the therapist prior to your session as our therapists are primarily tasked with concentrating on their sessions.
4. For clients who decide to pay via cheque, there is a **N10, 000** service fee for any returned checks. If determined that therapy will continue, you must make payments before therapy commences.
5. Kindly ensure that all participating parties or individuals in-sessions are ready for this before payments are made as we **DO NOT** refund payments. At most, all sessions booked for can be transferred to someone else or simply held for 2 Months until the paying client is ready to use it. If sessions are not used within 2 months, it will be forfeited.

II. Confidentiality

1. Communication between you and your therapist is confidential. This means that your therapist will not discuss your case orally or in writing without your expressed written permission
2. Your therapist has an ethical and legal obligation to break confidentiality under the following circumstances:
 - a. If there is a reason to believe there is an occurrence of child, elder, or dependent adult abuse or neglect.



- b. If there is reason to believe that you have serious intent to harm yourself, someone else, or property by a violent act you may commit.
- c. If you disclose that you knowingly develop, duplicate, print, download, stream, or access through any electronic or digital media or exchanges, a film, photograph, video in which a child or elder is engaged in an act of obscene sexual conduct.
- d. If you introduce your emotional condition into a legal proceeding.
- e. If there is a court order for release of your records.

Consent for Treatment

Page 2 of 2

III. Therapist Availability and After-Hours Emergencies

Therapists check for WhatsApp, phone messages during normal business hours. Messages left outside of normal Center hours of operation will be picked up the next business day (9am to 5pm).

- IV If you have;
- An emergency that needs immediate attention you may need to seek assistance at the nearest relevant emergency services department.

A request for out-center sessions usually held for individuals working 9am to 5pm begins daily between 5pm and 8pm at a safe and conducive location either selected by a client or by the academy.

Child Care Release

TCMA does not provide childcare and is not responsible for children or adolescents left unsupervised in the waiting room. If you must leave your child in the waiting room during a session, it is your responsibility to provide appropriate supervision for that child. Children under the age of 10 may not be left without supervision in the waiting room and may preferably be held by their parent(s) during session.

V. Additional Rights and Responsibilities

In addition to your right to confidentiality, you have the right to end your counseling at any time, for whatever reason and without any obligation, with the exception of payment of fees for services already provided. You have the right to question any aspect of your treatment with your therapist.

You also have the right to expect that your therapist will maintain professional and ethical boundaries by not entering into other personal, financial, or professional relationships with you.

TCMA reserves the right to discontinue counseling at any time including, but not limited to, a violation by you of this Consent for Treatment, a change or reevaluation by TCMA of your therapeutic needs, TCMA's ability to address those needs, or other circumstances that led TCMA to conclude in its sole and absolute discretion that your



counseling needs would be better served at another counseling facility. Under such circumstances, TCMA will suggest an appropriate therapist(s) or establishment.

Your signature below indicates that you have read and understand this information and have received a copy of this consent form and give permission to TCMA to provide counseling services and that this contract is binding for all future sessions you may have with this entity.

Print Name: _____

Date : _____

Signature of Client #1 : _____

Print Name: _____

Date : _____

Signature of Client #2 : _____

For guardian/couples/groups

CONFIDENTIAL

----- END -----