Therapy Help Center Co., LTD.
POLICY AGREEMENT

This Agreement defines the policies and rights of our patients.

Please read this document carefully.

Rights and Cautions

- You may ask questions about the therapy process at any time.
- Therapy is most effective when you are open and speak honestly about your emotions, experiences and history.
- Therapy explores emotionally provoking subjects that can create strong and challenging emotions. These emotions may continue after your therapy session ends.

Privacy and Confidentiality

- Consultations with relevant mental health or medical professionals outside Therapy Help Center Co. LTD. may occur on your behalf as part of your treatment program.
- The therapy room is a safe and confidential space where you can freely explore feelings and thoughts of any type. As part of this exploration you may take written or typed notes for review, but audio, video or transcription devices of any kind are prohibited.
- We do not create audio or video recordings of therapy sessions at any time.
- The Privacy Notice provided to you governs how we use, disclose, and protect your personal and health information; this Agreement does not modify it.

Appointments

- All office visits are by appointment only.
- If you cancel your appointment less than 24 hours prior to its date and time, or do not keep your appointment, you must pay the full amount of your appointed session.
- If you arrive late for your appointment it will end at its original scheduled time.
- If you are more than 20 minutes late for your appointment and do not notify our office your appointment may be cancelled, and you must pay the full amount of your appointed session.
- If you are ill and cannot keep your appointment notify our office eight (8) hours before the start of your appointment and no fees will apply.

Fees

- Patients must pay for services in full at the time of their appointment.
- If you owe a balance for services, and make a request for records from our office, the request may be held until you pay your balance in full.

Effective Date and Changes to Policy Agreement

- This policy was last revised on August 1, 2026, and first published in September 2016 and we reserve the right to modify the terms of this agreement at any time.

Emergency Contact with Therapy Help Center Staff

- Emergency contact with the Therapy Help Center is not normally available after business hours. If you are in crisis, and not in physical danger, you may message, email or call our office and we will do our best to respond to you as quickly as possible.
- If you are in danger proceed to the nearest hospital and contact our offices when possible.

Emergency Contact Related to Your Treatment

There are times when we may need to contact someone connected to you.

- If we reasonably believe your safety, or the safety of another person, is at immediate risk, we may contact your emergency contact, a family member, medical services, or the authorities as the situation requires.
- Separately, if in our professional judgment we have serious concern about your wellbeing — for example, a marked change in your behavior or condition — we may reach out to someone who is already aware that we are working together, or who is involved in your care, such as your partner or a family member. We would do this to share our concern or to ask how they see the change. We share only what is necessary for that purpose.
- You may tell us at any time if there is anyone you do not want us to contact except in an emergency involving a risk of serious harm, and we will follow that instruction.
- Whenever we contact someone under this section, we share only the minimum necessary and do not disclose the content of your sessions unless it is necessary to prevent serious harm.

Please enter the name and details below for your emergency contact.

Their Name: _____

Their Relationship to You: _____

Their Phone Number: _____

Their E-Mail Address: _____

Their City (and if necessary their Country): _____

ACKNOWLEDGMENT

I, _____, acknowledge that I have read, understood, and agree to the terms of the **POLICY AGREEMENT** with Therapy Help Center Co., LTD.

Digital Signature (optional):

SIGN

SIGNATURE: _____

DATE: _____