



[Click here for the Google Doc](#)

Therapy Agreement / Client Contract

Client Name: _____

Therapist Name: _____

Date: _____

1. Purpose of Therapy

Therapy is a collaborative process aimed at supporting your emotional well-being, helping you develop coping strategies, and exploring concerns in a safe, respectful, and confidential space.

2. Confidentiality

Your privacy is very important. Everything shared in sessions will be kept confidential, except in the following situations:

- If there is a risk of harm to yourself or others
- If there are concerns about abuse or neglect
- If disclosure is required by law

In such cases, I may need to share limited information with appropriate supports or authorities to help ensure safety.

3. Session Details

Session Length: 60–90 minutes

Frequency: Weekly / Biweekly

Mode: In-person / Online

4. Fees, Payment & Refunds

Session Fee: \$_____ per session

Payment is due: Before / After each session

Accepted payment methods: _____

Refunds:

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Fees are generally non-refundable, except in situations such as therapist cancellation or where otherwise mutually agreed.

5. Cancellation & Late Arrival

- Please provide at least 24 hours' notice if you need to cancel or reschedule.
- Missed or late-cancelled sessions may be charged in full.
- If you arrive late, we will still need to end at the scheduled time to respect both our schedules.

6. Contact Between Sessions

- Communication outside sessions (e.g., for scheduling) is welcome within reasonable limits.
- I will aim to respond within 24–48 hours during working days.
- Please note that messages are not monitored continuously and are not suitable for urgent or emergency situations.

7. Your Role in Therapy

To get the most out of therapy, you're encouraged to:

- Attend sessions regularly
- Share openly at your own pace
- Let me know if something isn't working or feels uncomfortable

8. My Role as Your Therapist

I will:

- Offer a supportive, respectful, and non-judgmental space
- Work ethically and within my professional scope
- Be open to your feedback and needs

9. Safety & Suicide Risk

Sometimes therapy can involve talking about very difficult feelings, including thoughts of self-harm.

- If you share concerns about your safety, I will take them seriously and work with you to keep you safe.
- If there is an immediate risk, I may need to reach out to emergency services or a trusted contact.

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Please note: Therapy is not a crisis service.

If you are in immediate danger, it's important to contact local emergency services, a helpline, or someone you trust right away.

10. Mental Health Diagnoses

If we discuss any diagnosis:

- It is used as a tool to better understand and support you
- It does not define who you are
- It may change over time as we learn more

I'm always happy to talk through this with you and answer any questions.

11. Limits of Therapy

- Therapy is a meaningful process, but outcomes cannot be guaranteed
- Some sessions may feel challenging as we explore difficult experiences
- I do not provide medical, legal, or prescription services unless specifically qualified to do so

12. Online Sessions (if applicable)

- Online therapy can be effective, though occasional technical or privacy limitations may occur
- Please try to join sessions from a private, quiet space where you feel comfortable speaking openly
- I will use secure platforms to protect your confidentiality as much as possible

13. Notes & Privacy

- I may keep brief notes to support our work together
- These are stored securely and kept confidential
- They will only be shared with your consent or if legally required

14. Ending Therapy

- You are free to end therapy at any time
- If needed, we can plan a thoughtful ending to support closure
- I may also suggest ending or referring you elsewhere if your needs are outside my scope or if sessions are repeatedly missed

15. Emergency Contact (Optional)

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Name: _____

Relationship: _____

Phone Number: _____

(Used only with your consent in situations related to safety)

16. Governing Law (Optional)

This agreement will follow the applicable laws of _____.

17. Consent

By signing below, you confirm that:

- You have read and understood this agreement
- You've had the chance to ask questions
- You agree to proceed with therapy under these terms

Client Signature: _____

Date: _____

Therapist Signature: _____

Date: _____