

1. Informed Consent for Tele-Psychotherapy

I, the undersigned, voluntarily choose to participate in tele-psychotherapy with InPsyCare and understand the following:

- **Nature of Service:** I understand that tele-psychotherapy is conducted via video/audio and has limitations compared to in-person care (e.g., technical glitches, limited non-verbal cues).
- **Emergency Limitations:** I acknowledge that InPsyCare is not a crisis intervention service. In an emergency, I agree to contact local emergency services (112) or visit a hospital.
- **NON-EMERGENCY CONFIRMATION:** By agreeing to this document, I explicitly confirm that I am booking a non-emergency appointment and that I am not currently experiencing a mental health crisis or a life-threatening emergency.
- **Cancellation & Rescheduling:** I have read and understand the Refund & Cancellation Policy. I acknowledge that cancellations made within 24 hours of booking are eligible for a 70% refund, and cancellations made after 24 hours of booking are eligible for a 20% refund only.
- **Privacy:** I am responsible for ensuring I am in a private, quiet space during my session.
- **Data Security:** I consent to my data being stored securely in compliance with Indian Data Protection laws.
- **Confidentiality:** My information is confidential except in cases of immediate risk of harm to self or others, or as mandated by a Court of Law.

Click here to read the [Refund & Cancellation Policy](#)

[Click here to read the terms and conditions](#)

2. Acknowledgements & Subscriptions

Please confirm your choices below to finalize your booking:

I have read and agree to the Terms of Service, the Refund & Cancellation Policy, and the Informed Consent. *(Mandatory)*

Yes, I would like to subscribe to the InPsyCare blog! Please send me future articles, mental health resources, and updates. *(Optional)*

[Proceed to Payment] *(Button)*