CONSENT FORM FOR 4-DAY THERAPY SESSION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Patient's Full Name], hereby consent to participate in a 4-day therapy session at VEDA Rehabilitation and Wellness PVT LTD . I understand that this therapy session is an essential part of my treatment and recovery process. By signing this consent form, I freely and voluntarily agree to stay at the rehab facility, subject to the rules and regulations outlined by the facility.

Please read the following information carefully before providing your consent:

**Purpose of Stay:**

I understand that the purpose of my stay at VEDA Rehabilitation and Wellness PVT LTD is to receive therapeutic support and guidance for my rehabilitation and recovery from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Substance or Condition]. The therapy sessions are designed to help me achieve and maintain a healthier, substance-free lifestyle.

**Duration of Stay:**

I acknowledge that my stay at the rehab facility will be for a duration of 4 days, commencing on \_\_\_\_\_\_\_\_\_\_\_\_\_[Start Date] and concluding on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[End Date]. This duration may be extended if it is deemed necessary by the facility's healthcare professionals.

**Rules and Regulations:**

I agree to abide by all the rules and regulations of VEDA Rehabilitation and Wellness PVT LTD, which include but are not limited to:

1. Compliance with the treatment program.
2. Adherence to scheduled therapy sessions and group activities.
3. Respect for staff and fellow patients.
4. No possession or use of prohibited substances or alcohol.
5. No aggressive or violent behaviour.
6. No unauthorized leaving of the facility premises during the treatment.
7. Respect for the confidentiality of other patients and their information.

**Do's in a Rehab Center:**

**Follow the Program:** Adhere to the treatment plan and daily schedule as designed by the rehabilitation center's staff.

**Open and Honest Communication:** Encourage open and honest communication among participants and with counsellors or therapists. This is essential for the therapeutic process.

**Respect Privacy:** Respect the confidentiality and privacy of fellow participants. What is discussed within the group or in therapy sessions should remain confidential.

**Participate Actively**: Engage actively in therapy sessions, group activities, and educational programs. Be willing to share, learn, and work toward recovery.

**Supportive and Respectful Behavior**: Treat others with respect and kindness. Show empathy and support to fellow participants in their journey to recovery.

**Mindful Self-Care**: Prioritize self-care by maintaining good hygiene, getting enough rest, and eating nutritious meals. Physical health is an important aspect of recovery.

**Take Medications as Prescribed**: If medications are part of the treatment plan, follow the prescribed dosage and schedule as directed by medical professionals.

**Engage in Aftercare Planning**: Work with counselors and therapists to create a comprehensive aftercare plan to support long-term recovery.

**Reach Out for Help:** If struggling or experiencing a crisis, don't hesitate to seek help from the staff or fellow participants. They are there to provide support.

**Stay Committed:** Commit to the recovery process, understanding that it may be challenging at times, but long-term sobriety is the goal.

**Don'ts in a Rehab Center:**

**Substance Use:** Do not use any alcohol or drugs during your stay in the rehabilitation center. This is a zero-tolerance environment.

**Inappropriate Relationships:** Do not engage in romantic or inappropriate relationships with fellow participants, as this can be detrimental to the recovery process.

**Violence or Aggression:** Refrain from any form of violence or aggressive behavior towards others. Disputes should be resolved through appropriate channels.

**Non-Compliance**: Do not resist or refuse the treatment plan or recommended therapies. Non-compliance can hinder the recovery process.

**Bringing Banned Items:** Do not bring prohibited items, such as weapons, outside food or drinks, or illicit substances into the facility.

**Boundary Violations:** Respect personal boundaries and do not invade the personal space or privacy of others.

**Leaving Without Permission:** Do not leave the facility without staff approval. Leaving against medical advice can jeopardize your progress.

**Misuse of Medications:** Do not misuse or share prescribed medications with others.

**Negative Attitude:** Avoid a negative or defeatist attitude. Recovery may have setbacks, but a positive mindset is essential for progress.

**Terms and conditions for Payment:**

**Payment Due Date:**

The full payment for the rehabilitation services must be received by Veda Rehabilitation and wellness PVT Ltd before the client's scheduled start date or on the day of joining in the center.

**Payment Methods:**

We accept payments through [list accepted payment methods, e.g., credit/debit cards, bank transfers]. Details for payment will be provided upon request.

**Refund Policy:**

The payment is non-refundable once the client has started the rehabilitation program. In case of cancellation before the start date, Veda Rehabilitation and wellness PVT Ltd may consider refunds on a case-by-case basis, subject to review.

**Program Termination:**

In the event of program termination due to violations of the centre’s policies, the client will not be eligible for a refund, and any outstanding payments will remain due.

**Withdrawal of the programme:**

I understand that I have the right to withdraw my consent at any time during my stay, but I also acknowledge that my withdrawal may affect the effectiveness of the therapy and my overall progress in recovery. If I choose to withdraw, I will discuss this decision with the treatment team.

**"Financial Consequences of Withdrawal:**

I understand and acknowledge that if I choose to withdraw from the treatment program at any point during my stay at Veda rehabilitation and wellness PVT Ltd, I will not be entitled to a refund of any fees or payments made for the therapy session. I agree that the fees paid for the therapy session are non-refundable, regardless of the circumstances leading to my withdrawal. I accept full responsibility for the financial commitment associated with my participation in the program, and I am aware that no exceptions will be made to this policy."

**Liabilities Under certain circumstances**

**Leaving the Center Premises:**

The client may be encouraged to go for walks or participate in outdoor activities as part of the rehabilitation program. However, Veda Rehabilitation and wellness Pvt LTD shall not be held liable for any incidents or consequences that may occur if the client chooses to leave the center premises during such activities.

**Risk of Running Away:**

In the event that the client runs away from the center premises or attempts to do so Veda Rehabilitation and wellness Pvt LTD will not be held liable for any harm, injury, or consequences resulting from such actions. It is the client's responsibility to adhere to the rules and guidelines set by the center.

**Suicidal Ideation or Attempts:**

Veda Rehabilitation and wellness Pvt LTD takes all necessary precautions to provide a safe environment for clients. However, in the unfortunate event of suicidal ideation or attempts Veda Rehabilitation and wellness Pvt LTD will not be held liable for any harm or consequences. The client acknowledges that immediate professional help should be sought in such situations.

**Third-Party Services:**

Veda Rehabilitation and wellness Pvt LTD may collaborate with third-party service providers, such as transportation services or off-site activities. In such cases, Veda Rehabilitation and wellness Pvt LTD will not be held liable for any incidents, accidents, or consequences arising from the services provided by these third parties.

**Personal Belongings:**

Veda Rehabilitation and wellness Pvt LTD is not responsible for the loss, theft, or damage of personal belongings brought by the client to the center. Clients are encouraged to keep valuables secure and report any incidents promptly.

**Medication Management:**

While Veda Rehabilitation and wellness Pvt LTD takes measures to manage medications safely, the center will not be held liable for any adverse effects or consequences resulting from the client's medications. Clients are responsible for disclosing accurate information about their medications.

**Medicine Abuse**

I further acknowledge that Veda Rehabilitation and wellness Pvt LTD shall not be held liable for any negative consequences, injuries, or harm resulting from the abuse or misuse of medications, whether intentional or unintentional, during my stay in the rehabilitation program.

It is my responsibility to adhere to the prescribed medication regimen as directed by the medical professionals at the Rehab Center. Any deviation from the prescribed use of medications is done at my own risk, and I absolve Veda Rehabilitation and wellness Pvt LTD its staff, and affiliates from any liability in such cases.

**Discharge Against Professional Advice (AMA):**

If a client chooses to leave the rehabilitation program against professional advice Veda Rehabilitation and wellness Pvt LTD will not be held liable for any potential harm or consequences that may arise from such actions.

**Indemnity Clause**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Client's Full Name], or the undersigned legal guardian on behalf of [Client's Full Name], hereby agree that in the event of any damage caused to property, belongings, or any other items during my participation in the rehabilitation program Veda Rehabilitation and wellness Pvt LTD, I shall be financially responsible for the repair or replacement costs.

I understand and acknowledge that any necessary payments for damages caused by the client will be promptly made by the client or their legal guardian.

**Leave of absence (short term or long term)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ request a leave of absence from Veda Rehabilitation and wellness Pvt LTD and understand that my bed will be reserved. I acknowledge and agree that the full expense for reserving the bed during my absence must be paid by my guardian or me in advance. Timely payments are mandatory, and failure may result in forfeiture. I commit to providing advance notice of my return and acknowledge no treatment during my absence. Upon return, the treatment plan may be adjusted. Failure to return may lead to bed reservation termination. I understand Veda Rehabilitation and wellness Pvt LTD may modify these terms.

**Confidentiality:**

I understand that the rehab facility is committed to protecting the privacy and confidentiality of my personal information and treatment details. Information about my stay will not be disclosed to third parties without my written consent, except as required by law.

**Jurisdiction:**

Any dispute arising out of this or any explicitly mentioned or implied in this are subject to Mumbai jurisdiction or Mumbai courts only.

**Emergency Contact:**

I will provide the facility with the name and contact information of a designated emergency contact person who can be reached in case of an emergency during my stay.

By signing below, the client and Guardian confirms that he/she read and fully understand the above information, and I consent to stay at Veda Rehabilitation and wellness Pvt LTD for a 4-day therapy session. I acknowledge that my participation in this therapy is voluntary and that I agree to follow all the rules and regulations of the facility.

Patient's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Date of joining: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Information/Guardian:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_