INFORMED CONSENT & INTAKE FORM

Fiendish® Therapy

(by Fiendish® Solutions Private Limited)

Therapist: Dr. Jaiyant Cavale, MPhil, PhD (Clin. Psych.)
RCI Registration No.: CRR A32093
(Clinical Psychologist registered with the Rehabilitation Council of India)

Date: _____

1. Nature of Services
   I understand that Fiendish® Therapy provides evidence-based psychotherapy by an RCI-registered Clinical Psychologist. These services are NOT medical treatment, psychiatric treatment, or a suicide-prevention helpline.

2. Voluntary Participation & Right to Withdraw
   I am participating voluntarily and may withdraw consent or discontinue therapy at any time without penalty.

3. Confidentiality & Its Limits
   All information shared will be kept strictly confidential except:
   • Serious risk of harm to self or others
   • Suspected child/elder abuse
   • Court order
   • Supervision/peer consultation (identity protected)
   Sessions will NOT be recorded unless I give separate written consent.

4. Tele-Psychotherapy (if applicable)
   I have been informed of the benefits and limitations of online sessions. I agree to ensure privacy on my side and understand that no electronic transmission is 100% secure.

5. Data Protection (DPDP Act, 2023)
   My personal and sensitive personal data will be processed only for therapy, record-keeping, and legal compliance. I may request access, correction, or deletion at any time by writing to contact@fiendishtherapy.com.

6. No Guarantee of Outcome
   Improvement is not guaranteed and depends on multiple factors.

7. Fees & Payment
   The fee for each session will be clearly communicated and mutually agreed before the session. Payment is to be made directly to Fiendish® Solutions Pvt Ltd via UPI/bank transfer. Cancellations or no-shows with less than 24 hours notice are non-refundable.

8. Acceptance of Legal Documents
   I confirm I have read and agree to:

□ Terms & Conditions □ Privacy Policy □ FAQs
available at www.fiendishtherapy.com/legal

CLIENT DETAILS

Full Name: _____

Age: _____ Sex: _____ Contact: _____

Email: _____

Address: _____

_____

Preferred mode: □ Online □ In-person (Bangalore)

How did you hear about us? _____

Brief current concerns (optional):

Government-ID Verification (RCI requirement)

I agree to provide a valid government-issued photo ID when requested.
I hereby give my informed consent for psychotherapy services.
Client Signature (or typed name + "I accept" for electronic consent):

Date: _____

Therapist Acknowledgement
I have explained the above and answered all questions.

Signature: _____ Date: _____

Dr. Jaiyant Cavale, MPhil, PhD (Clin. Psych.)
RCI CRR A32093

For queries or data requests: contact@fiendishtherapy.com | +91-8826402788
Last updated: 23 November 2025

Registered Office: 64, S. No 74. CK Palya road, Hommadevanahalli, Bangalore - 560083