Vanitha Chandrasegaram - Psychotherapist & Creative Arts Therapist

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Professional Disclosure Statement & Informed Consent

Welcome and Introduction

Welcome to my practice. Entering therapy is a meaningful step toward personal growth, and I look forward to working with you. This document outlines my professional background, therapeutic approach, and practice policies to help ensure you feel fully informed and comfortable as we begin our work together.

Note: Throughout this document, "you" refers to the client; "I," "me," or "my" refers to the therapist (Vanitha C slf.).

1. Professional Qualifications & Credentials

I am a psychotherapist with 22 years of international experience practicing across Iceland, the United Kingdom, and Malaysia, alongside an extensive background in teaching, training and facilitating workshops globally. To provide the highest standard of care, I am deeply committed to ongoing professional development and consistently update my clinical skills and knowledge.

- **Leadership & Affiliations:** Board Member of **SALM (Félag sálmeðferðarfræðinga / Association of Psychotherapists in Iceland)** • Member of **NADTA** (North American Drama Therapy Association).
- **Academic Degrees:** M.S. in Psychology (Pittsburg State University, USA) • M.A. in Dramatherapy (University of Hertfordshire, UK).
- **Clinical Foundation:** Grounded in over 750 hours of clinically supervised work and 72 hours of personal therapy.
- **Somatic & Artistic Background:** Certified Multi-Style Yoga Instructor via Siddhi Yoga (Rishikesh, India) • Diploma in Indian Classical Dance (Bharata Natyam) • Trained Odissi Dancer.
- **Certifications & Scope:** Clinical Supervision • Stress Reduction & Self-Hypnosis • Creative Mindfulness Skills for Children.
- **Research & Publications:** Published author on cultural diversity, grief, anxiety, trauma, and adolescent therapy in professional journals and psychology textbooks.

2. Therapeutic Approach & Integrated Modalities

True transformation occurs when we safely explore and reshape the unhelpful narratives we hold. Grounded in neuroscience—which recognizes that trauma and stress impact the whole person—I invite clients to explore healing through an integration of mind, body, spirit, and breath.

Our work together is collaborative and tailored to your unique goals, seamlessly drawing from:

- **An Eclectic Theoretical Framework:** Including Person-Centered Psychotherapy, Jungian Psychotherapy, Gestalt, Existential Psychology, and Cognitive Behavioral Therapy (CBT).
- **Creative Expression:** Utilizing storymaking, storytelling, movement, voice work, art, and play to help access insights when words alone feel limited.
- **Mindfulness & Somatics:** Incorporating yoga-informed movement, meditation, and structured breathing techniques.
- **Archetypal Work:** Utilizing the narrative framework of the Hero's Journey (Joseph Campbell) within individual or group sessions to navigate life transitions.

3. Confidentiality & Practice Policies

Privacy & Legal Exceptions

Maintaining a secure and confidential environment is a foundational priority in my practice. While our work together is private, there are specific legal and ethical boundaries where disclosure is required:

- **Protecting Vulnerable Individuals:** Suspected abuse or neglect of a child, dependent adult, or developmentally disabled person must legally be reported.
- **Safety Concerns:** If there is a serious, perceived threat that you may harm yourself or others, proper individuals and emergency authorities will be contacted to ensure safety.
- **Legal Requirements:** In the event of a formal court order, a psychotherapist may be legally required to disclose information in the presence of a judge.
- **Medical Emergencies:** If a medical emergency occurs during a session, essential information will be shared with emergency personnel to coordinate your care.
- **Administrative Disputes:** If a formal complaint is brought against me, relevant information will be released as necessary to respond appropriately.
- **Client Representation:** In the event of death or disability, records may be released if authorized by your designated personal representative or the beneficiary of your life insurance policy.
- **Insurance & Reimbursement:** Third-party payors, insurance companies, or unions may request specific details regarding your treatment in order to authorize payment or reimbursement.

Consultation, Communication, & Security

- **Professional Consultation:** To ensure the highest quality of care, I regularly consult with trusted colleagues. These professional discussions are always managed anonymously to strictly protect your identity.
- **Digital Communication:** I use Google and Gmail for certain communications. These servers are not fully secure,and if this is a concern, please avoid including sensitive health or clinical information in your emails.
- **Session Recording:** To protect the privacy of the therapeutic space, recording any session via audio or video without the express written consent of all participants is illegal.

4. Fees, Billing, & Business Practices

- **Session Fee:** The investment for Psychotherapy & Creative Arts Therapy is 24,000 ISK per 50-minute individual session.
- **Invoicing:** Payments are processed online following each session. Invoices will be emailed to you from **“Vanitha C slf.”**, and the charge will appear in your bank account under unpaid invoices.
- **Cancellation Policy:** Because your appointment time is reserved exclusively for you, a minimum of **24 hours' advance notice** is required for cancellation. If notice is not provided within this timeframe, you will be responsible for the session fee.
- **No-Show Policy:** To respect our scheduled time, if no communication is received within 15 minutes of the start time, the session is automatically cancelled, and the client is billed.
- **Rate Adjustments:** Fees are reviewed annually in January to account for cost-of-living updates and tax authority requirements. You will always be notified of any fee changes at least 30 days in advance.
- **Union Reimbursement:** My services are reimbursable by many unions and associations, though coverage varies. You are responsible for verifying your specific reimbursement options.

5. Professional Associations & Licensing

The Department of Health in Iceland does not currently license or govern Psychotherapists or Creative Arts Therapists. Because a successful therapeutic relationship relies on clear communication, I encourage you to share any concerns about my professional conduct directly with me so I can respond with care and respect. If you feel your concerns require outside review, you may contact **SALM (Félag sálmeðferðarfræðinga / Association of Psychotherapists in Iceland)** via their website at Salm.is.

6. Background Information

- **Honoring Identity and Background:** In the therapeutic process, we frequently look at the client's background and past experiences that may have shaped their perception and current life experience. Therefore, I may ask for some cultural and background information.
- **Medical Information:** To ensure a holistic understanding of your wellness, please keep me informed of any medical conditions you are being treated for, as well as any medications you are taking, including psychiatric prescriptions.

7. Emergency & Crisis Support

Please note that I do not provide a 24-hour **crisis support** service. If you experience a severe psychological emergency outside of our scheduled appointment times, please contact national emergency resources immediately:

- **The Red Cross:** Helpline 1717
- **Píeta samtökin:** Tel. 552 2218
- **Landspítali University Hospital (Reykjavík):** Visit the emergency Psychiatric Department in person, or call 543 4050 / 543 1000.
- **General ER:** After-hours emergency help can also be sought at any general hospital emergency department.

8. Acknowledgement, Financial Responsibility, & Consent

This document remains accessible to you on the company website, www.vanithac.com. By reading this document and proceeding with treatment, you acknowledge that you willingly consent to the following terms:

1. **Consent to Care:** You give your informed consent for psychological consultation and treatment.
2. **Financial Responsibility:** You agree to be financially responsible for all charges that accrue from your consultation and treatment.
3. **Late Cancellations:** You accept financial responsibility to make **full payment** for appointments cancelled with less than 24 hours' notice.
4. **No-Shows:** You accept the financial responsibility to make **full payment** for missed sessions when you do not show up.
5. **Accuracy of Information:** You certify that the information you provide throughout your care is true and accurate to the best of your ability.
