iPSYCH INC. (“iPSYCH” or the “Clinic”) is committed to protecting the privacy, confidentiality, and security of your personal information, including your sensitive personal information and medical records, in accordance with the Philippine Data Privacy Act of 2012 (Republic Act No. 10173), its Implementing Rules and Regulations, and other applicable laws and regulations.

1. Collection of Personal Information

In providing psychiatric, psychological, mental health, administrative, and related healthcare services, the Clinic may collect and process personal information necessary for your care and the lawful operation of the Clinic. This may include your name, contact details, date of birth, emergency contact information, identification and billing information, appointment and payment details, medical and psychiatric history, symptoms, diagnoses, treatment plans, prescriptions, psychological assessment results, and other relevant clinical records.

We collect information directly from you, your authorized representative, or other lawful sources where necessary and permitted by law. We endeavor to collect only information that is adequate, relevant, and necessary for the purposes for which it is obtained.

2. Purposes of Collection and Processing

Your personal information may be processed, as applicable, for the following purposes:

- To register you as a patient, verify your identity, and manage appointments and consultations.
- To assess your needs and provide psychiatric, psychological, diagnostic, treatment, and follow-up services.
- To prepare, maintain, retrieve, and securely manage your medical records, prescriptions, clinical notes, and assessment reports.
- To coordinate care with your treating healthcare professionals or other authorized healthcare providers, where lawful and appropriate.
- To process payments, issue invoices or receipts, administer billing, and maintain accounting and tax records.
- To comply with applicable legal, regulatory, licensing, reporting, and recordkeeping obligations.
- To address complaints, respond to lawful requests, protect the rights and safety of patients and other persons, and establish, exercise, or defend legal claims where permitted by law.
- To maintain the Clinic’s operations, information systems, quality assurance, and security, subject to applicable privacy requirements.

Any use of personal information for a separate or additional purpose will be subject to applicable legal requirements and appropriate safeguards.

3. Confidentiality, Storage, and Security

Your medical records and health information are treated as confidential. Access is restricted to authorized personnel and healthcare professionals who require the information to perform their legitimate duties or provide appropriate care.

The Clinic implements reasonable and appropriate organizational, physical, and technical safeguards designed to protect personal information against unauthorized access, disclosure, alteration, loss, destruction, or other unlawful processing.

Your information may be recorded, stored, processed, or maintained in physical or electronic systems, including secure digital records and authorized service platforms. Where records are digitized, transmitted, or transferred, the Clinic will apply appropriate safeguards and limit such activities to authorized and lawful purposes.

Although the Clinic takes reasonable steps to protect personal information, no information system or method of transmission can be guaranteed to be completely secure.

4. Disclosure and Sharing of Personal Information

The Clinic does not disclose your personal information indiscriminately. Information may be shared, to the extent necessary and legally permitted, with:

- Your treating psychiatrist, psychologist, or other healthcare professional involved in your care.
- Other healthcare providers or institutions when necessary for authorized care coordination or a lawful medical purpose.
- Authorized administrative personnel and service providers that support the Clinic's appointment systems, electronic records, billing, payment processing, communications, or information technology.
- Government agencies, regulatory authorities, courts, or other parties when disclosure is required or authorized by law, or is otherwise permitted under applicable law.

Where third-party service providers process personal information on behalf of the Clinic, the Clinic will take appropriate steps to ensure that suitable confidentiality, security, and data protection safeguards are in place.

The Clinic will not disclose your records to family members, employers, other healthcare providers, or unrelated third parties merely because they request them. Appropriate authorization or another valid legal basis must exist before disclosure, subject to applicable laws and exceptions.

5. Retention and Disposal of Records

The Clinic retains personal information only for as long as necessary for the purposes for which it was collected, to comply with applicable legal and regulatory obligations, to maintain appropriate healthcare records, or to establish, exercise, or defend legal claims.

When personal information is no longer required to be retained, it will be securely disposed of, destroyed, anonymized, or otherwise handled in accordance with applicable law and the Clinic's records-retention and disposal policies.

6. Your Rights as a Data Subject

Subject to the conditions, exceptions, and limitations provided by law, you may exercise your rights under the Data Privacy Act, including the right to be informed about the processing of your personal information; to access your personal information; to request correction of inaccurate or incomplete information; to object to certain processing; to request erasure or blocking where legally justified; to seek data portability where applicable; and to file a complaint or seek damages as provided by law.

Requests involving medical records, correction of clinical documentation, withdrawal of consent, or disclosure to another healthcare provider will be evaluated in accordance with applicable law, professional obligations, recordkeeping requirements, and the rights of other persons.

The withdrawal of consent, where consent is the applicable legal basis, will not invalidate processing lawfully undertaken before withdrawal and may not prevent processing that is independently authorized or required by law.

7. Questions, Requests, and Privacy Concerns

For questions regarding this Privacy Notice, requests concerning your personal information, or concerns about the Clinic's handling of your data, you may contact the Clinic's Data Protection Officer (DPO) through the official contact details designated by iPSYCH INC.

The Clinic will assess and respond to requests in accordance with applicable law and its established privacy procedures. You may also contact the National Privacy Commission if you believe that your data privacy rights have been violated.

By providing this notice, the Clinic seeks to ensure that you are informed about the collection and processing of your personal information. This notice does not replace any separate consent or authorization that may be required for a particular processing activity.

iPSYCH INC.

PATIENT CONSENT AGREEMENT

I the patient, hereby provide my informed consent to engage in a mental health consultation with a mental health service provider at iPsych, referred to as "the Provider" in this document. I understand and agree to the following terms and conditions.

TERMS AND CONDITIONS

Purpose and Nature of Consultation: I understand that the purpose of the consultation is to receive mental health services from the Provider at iPsych. These services may include, but are not limited to, assessment, diagnosis, counseling, therapy, and treatment planning

Confidentiality: I understand that all information shared during the consultation will be kept confidential to the extent allowed by law and professional ethics. The Provider will not disclose any information without my written consent unless legally required to do so. However, I acknowledge that there are exceptions to confidentiality, which include situations where the Provider determines that there is a risk of harm to myself or others, cases of suspected abuse or neglect, or as mandated by a court order.

Treatment Risks and Benefits: I understand that the consultation involves discussing personal and sensitive information, which may bring up emotional discomfort or distress. However, I also understand that seeking mental health services can provide me with the opportunity for personal growth, improved coping skills, and enhanced well-being

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However, I also understand that seeking mental health services can provide me with the opportunity for personal growth, improved coping skills, and enhanced well-being.

Professional Boundaries and Code of Conduct: I understand that the Provider is a licensed professional and will maintain appropriate professional boundaries during the consultation. The Provider will adhere to the ethical guidelines and code of conduct established by their profession's regulatory bodies.

Duration and Frequency of Consultation: I understand that the duration and frequency of the consultation will be determined by the Provider, based on my individual needs and the treatment plan we establish together.

Financial Responsibility: I acknowledge that I am responsible for the financial costs associated with the mental health consultation. I understand that payment is due at the time services are rendered, and I will be provided with information regarding the fees and payment options

Late Arrival Policy: I understand the time and the clinic strive to provide the best care to all patients. To ensure a smooth flow of my appointments, I acknowledge the following guidelines regarding late arrivals.

For 60-minute consultations, the clinician will wait up to 20 minutes.
For 30-minute consultations, the clinician will wait up to 10 minutes.

Arrivals beyond the specified grace period (20 minutes for 1-hour sessions, 10 minutes for 30-minute sessions) will be marked as a NO SHOW. In such cases, the consultation will be forfeited, and no refund or rescheduling will be granted.

I understand to arrive on time to make the most of my session and to respect the time of other patients and my clinicians.

Cancellation and Rescheduling: I understand that it is my responsibility to provide at least 6 hours notice for cancellations or rescheduling of appointments. Failure to provide adequate notice may result in a fee or forfeiture of the appointment slot.

Rights and Limitations: I understand that I have the right to ask questions, express concerns, and participate in decisions regarding my mental health care. I also acknowledge that the Provider has the right to terminate the consultation if my behavior is inappropriate, disruptive, or poses a risk to the Provider's safety or the therapeutic process

Termination of Services:

I understand that either party has the right to terminate the consultation at any time. If the Provider determines that the consultation is no longer beneficial or appropriate for my needs, they will discuss this decision with me and provide appropriate referrals for continued care. By typing my full name below, I acknowledge that I have read and understood the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I also acknowledge that my typed name above constitutes a legal and valid digital signature.

Recording/Data Privacy For the protection of patient confidentiality under the Data Privacy Act and in compliance with the Anti-Wiretapping Law, patients and their companions are strictly prohibited from recording videos or audios of their sessions without explicit consent from all parties involved (patient, staff and clinician). Unauthorized recording may result in legal consequences.

NO HARM AGREEMENT

I, The patient being fully aware of my situation do hereby completely agree to the following:

(1) abstain from all self – harm including suicide and self–mutilation.

(2) Contact my counselor or any mental health professional before I engage in any form of self–harm

(3) Obtain help and assistance whenever I feel the compulsion, strong desire, or need to harm myself in any way including suicide, self–mutilation, and by accident.

✱ Here are the hotlines you can reach out to when you are feeling overwhelmed by your suicidal thoughts:

National Center for Mental Health Crisis Hotline:
0966-351-4518 / 85319001
HOPELINE: (02) 8804-4673
In Touch Crisis Line: +63 2 8893 7603

The company shall not be responsible and shall not assume liability for any such injury to and death of the client.

I agree that these conditions are important and worth doing and that this is a contract I am willing to make and keep. By my word and honor; I intend to keep this contract

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LATE ARRIVAL POLICY

We value your time and strive to provide the best care to all our patients. To ensure a smooth flow of appointments, please take note of the following guidelines regarding late arrivals:

For 60-minute consultations, the clinician will wait up to 20 minutes.

For 30-minute consultations, the clinician will wait up to 10 minutes.

Arrivals beyond the specified grace period (20 minutes for 1-hour sessions, 10 minutes for 30-minute sessions) will be marked as a NO SHOW. In such cases, the consultation will be forfeited, and no refund or rescheduling will be granted.

We encourage you to arrive on time to make the most of your session and to respect the time of other patients and our clinicians.

CANCELLATION POLICY

You have the option to cancel or reschedule your appointment at no charge provided you do so with at least 6 hours' notice before your scheduled appointment day. If you choose to cancel or reschedule with less than the aforementioned notice or via voicemail after our business hours on the day preceding your appointment, you will incur a 100% charge of the scheduled service price.