

# Therapy information and contract

Dear client,

Please read this carefully. If you agree with the conditions, we will both sign this contract and it will form the basis for our projected work.

## Professional information

I work within the guidelines, code of ethics and professional practice standards set out by the British Association for Counselling & Psychotherapy.

## Confidentiality

All sessions will be conducted in the strictest confidence and this confidence will be maintained, and applied to any and all records, in accordance with the Data Protection Act, except in the following instances –

- 1) Where the client gives consent for the confidence to be broken.
- 2) Where the therapist is compelled by a court of law.
- 3) Where the information is 'of such gravity that confidentiality cannot be maintained'. This usually means a situation where the therapist considers the client an imminent danger to others or themselves. This is the case in circumstances such as Acts of Terrorism and current Child abuse.
- 4) In my professional capacity, I am required to attend regular clinical supervision, whereby I will present and discuss our work together in consultation. *This is a mandatory professional requirement.* Your identity will be protected during consultation. Please be assured consultation is privy to a small number of clinicians who are bound by the same code of ethics and professional practice as me.
- 5) Sessions may be digitally taped for accuracy of recording purposes and professional development. These recordings are then subsequently deleted.

I would always attempt to speak to you first before breaking confidentiality.

## Sessions, payment, cancellations and holidays

The usual arrangement is to meet weekly, agreeing a stated limited period, or an open-ended length of time with an ending that is foreseen and negotiated and prepared for by us both.

- The session time is 50 minutes and the fee per session will be £40. I work with the condition that you will pay the full fee for any session that is missed, or cancelled less than 48 hours in advance.
- Where possible an appointment will be rearranged during that week. In the event of an emergency, which is mutually agreed, there will be no charge.

Name:		Dob:	
Address:			
		Post Code:	
Home Tel No:		Work Tel No:	
Mobile No:		Email:	
GP's Name:		GP's Tel No:	
GP's Address:			
		Post Code:	
Psychiatric History:	From:	To:	Diagnosis : <small>(if known)</small>
Relevant medical history:			
<small>(e.g., cardiac; fits/epilepsy; asthma; diabetes)</small>			
Current medication:		Duration:	mg
Contact Telephone No (in case of emergency):			

I may from time to time engage in continuing professional development and / or apply to further my qualification. I will be required to write up various clinical case studies and / or vignettes. No names, geographical or professional status will be disclosed.

I reserve the right to vary these contract terms from time to time, in which case I will endeavour to give good notice and time for discussion.

If you do not wish me to write about, all or any part of, the clinical process in our work together, please advise me as soon as possible.

We have discussed and agreed this therapeutic contract:

Signed:.....

Date:.....

Signed:.....

Date:.....