

Therapy Agreement

This agreement has been updated in line with GDPR legislation May 2018.

Session Duration

Sessions are of 50 minutes duration unless longer is agreed. Signing this document means that you agree to me contacting you via email or SMS. In the event that you prefer that I only use telephone contact please state this below.

Reviews

We will review sessions regularly which may be on your demand or as appropriate. You are not tied into any long-term commitment and you may end sessions at any time, however an ending session is recommended. If I consider your needs are beyond the limits of my competence I reserve the right to terminate our contract; this will be discussed in the session and onward recommendations may be provided.

Confidentiality

Your therapy and personal information are kept securely. Information will be shared with my clinical supervisor who is also accredited with a professional body. Confidentiality will only be breached if I have concerns that you or anyone else is at risk. If this occurs, I aim to discuss these with you and any recommendations will be documented.

As a member of COSRT and BACP I adhere to their ethical framework and guidelines to ensure that you receive a professional and competent service..

Information I collect about you and how I use it

Upon starting therapy, basic personal information will be collected for contact and identification reasons. These include full name, address and for patients, GP details. It is possible that notes are taken during sessions. These may include some personal and sensitive details about your life.

The assessment and any other notes are used solely to support the services offered to you. After a post therapy reflection I destroy my notes. Basic information (see above) remains on file.

Your rights

You have rights relating to the information I hold to verify the accuracy. You have the right to request a copy of any information that I hold about you. If you would like a copy of some or all of your personal information, please email or

write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

I want to make sure that your information is accurate and up to date. Please let me know if you change your address, G.P. or phone number.

Notes will only have practical and informational material unless there are risks which may need noting.

How long I keep your information for - data retention

Your information is kept for the time necessary to provide therapy, however outside of this I will hold your details and any brief notes for a period of time following the end of your therapy to comply with any obligations that are placed upon me by my insurers and my accrediting organization.

Sharing of data

There may be times where your information needs to be shared with third parties e.g. a medical professional. I will explicitly ask for your consent before doing so, and the data will be sent to them securely.

Security of your data

Information will be kept securely and confidentially in line with the data retention policy as stated above. Any paper notes are kept in a secure, robust locked filing cabinet and stored within a secure building. All digital information is stored on a domestic computer, which is password protected and stored within a secure building.

Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional. As a member of BACP and COSRT, I operate under a strict code of confidentiality.

Session Payment

Payment must be made at the time of the session either by cash, bank transfer or cheque. Receipts/invoices are available on request.

Cancellations

I ask for 2 working days notice to cancel your therapy session without incurring a charge.

Non-attendance

If you fail to attend a session without notice, the full fee will be required before booking any further sessions.

GP

I consent to any relevant information being forwarded to my GP, should my therapist deem it necessary

GP Name

GP Address

GP Tel no.

Therapist and Client Agreement.

(I agree to be contacted via email/text - pls circle

I shall take a copy of this contract for my own records

Client Name

Signed (client)

Date

Telephone number:

Email:

Therapist Name

Signed (therapist)

Date