**Client Information**

**Contact details**

|  |  |
| --- | --- |
| *Title/ Pronouns* |  |
| *Name/Surname* |  |
| *Date of birth* |  |
| *Address* |  |
| *Landline* |  |
| *Mobile* |  |
| *Email* |  |

**Additional Information**

|  |  |
| --- | --- |
| ***Next of Kin*** */ contact name**(in case of emergency)* |  |
| *Relationship* |  |
| *Tel. number & address* |  |
| ***GP Name*** |  |
| *Tel. number & address* |  |

**Payment for services terms and conditions**

Unless we agree otherwise payment is expected either by bank transfer 24 hours before the session, or by cash at the session. Failure to receive payment will lead to sessions being paused or terminated.

Sessions cancelled with less than 24hrs notice, will be charged at the normal rate. If you need to cancel a session, please check whether it is possible to reschedule for the same week at a different. Please note that multiple cancellations are disruptive to therapy and can lead to the therapy being terminated.

 If payment is expected from a third party (e.g, insurer / employer), please provide proof of authorisation before treatment begins. You will be responsible for payment of any invoices due, until these are clear by the insurance company/employer.

Please provide below the name and address where you would like invoices to be sent to, or leave blank if self-funded.

|  |  |
| --- | --- |
| *Name / Designation of Payee (E.g., Insurer / Employer)* |  |
| *Policy Number* |  |
| *Authorisation Number* |  |
| *Telephone Number* |  |
| *Address* |  |
| *Notes* |  |

**Therapy Agreement**

**This agreement is between Ruth Parchment and any clients receiving psychological input from her.**

**Session Duration:** Sessions are 50 minutes and are charged at a the fee agreed at the start of treatment.

**Session Payment:** Must be made in advance or at the session either by bank transfer or cash. Receipts/invoices are available on request, please make sure to request invoices before payment is due. When therapy is covered by medical insurance, the client is responsible for making the therapist aware of any excess, and covering any costs not met by the insurer.

**Cancellations:** 24 hours’ notice is required to cancel your therapy session without incurring a charge. If your appointment is on a Monday, please cancel on Friday. If less than 24 hours’ notice is provided, you will be charged the full cost of your session.

If you cannot attend on the day of the session, please check whether it is possible to reschedule for another day on the same week.

If a health or insurance company is paying for your treatment, they may make you liable for the charge. Your treatment sessions could be suspended dependant on their policy.

**Non-attendance:** If you fail to attend a session without any notice full payment for that session will be required before booking any further sessions, and your file will be placed on hold.

**Reviews:** We will review sessions regularly, usually every five sessions to ensure you are getting the most out of therapy. You are not tied into any commitments and you can end sessions at any time. If I consider your requirements beyond my competence I reserve the right to terminate our contract, this will be discussed in the session and recommendations would be provided.

**Confidentiality:** Your therapy and personal information are kept securely. Information but not names will be shared with my supervisor who is also BABCP accredited and who regularly reviews my practice. Confidentiality will be broken if I have concerns that you or anyone else is at risk. If this occurs, it will be discussed in the session and recommendations will be discussed and documented in your notes.

As an accredited member of the BABCP, I adhere to their ethical framework and guidelines to ensure that you receive a professional and quality service.

**Information we collect about you and how we use it:** Upon starting therapy, basic personal information will be collected for contact and identification reasons. During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. These will include personal and sensitive details about your life. The assessment and notes are used solely for the delivery of a therapy service to you.

**Your rights:** You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated or corrected. You have the right to request a copy of the 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.

We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

**How long we keep your information for - data retention:** Your information is kept for the time necessary to provide the therapy service requested, however outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers. In the case of a child under 13 then records will be kept 7 years after they reach the age of majority (18). After this date, all data will be securely deleted.

**Sharing of data:** There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

**Security of your data:** Information will be kept securely and confidentially in line with the data retention policy as stated above.

**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 an accredited member of the BABCP I operate under a strict code of confidentiality.

**Online Therapy**

 **Working Agreement for Psychotherapy Sessions Online:**

I am providing some practical information to help you understand what to expect with online sessions and provide some tips to make sure the process runs smoothly.

It is understood that some people may feel uncertain about having some sessions online, but they can be as effective as meeting face to face, so long as you follow the sensible tips below. My goal is to create a safe and contained space to work with you.

If there are any material/ documents that I anticipate we will need to use for the sessions, I will endeavour (where possible) to email these through to you before the session. Please have these ready to refer to during the session.

A free and secure service we can use:

My current preferred online service is **Zoom(**www.zoom.us). Zoom has end-to-end encryption, is compliant with GDPR requirements and is free for you to access and download:

Please watch this two-minute video on how to use Zoom here:

[https://support.zoom.us/hc/en-us/articles/201362193-Joining-a-Meeting](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsupport.zoom.us%2Fhc%2Fen-us%2Farticles%2F201362193-Joining-a-Meeting&data=04%7C01%7C%7C9650ae0383614eaa24aa08d874e61a6a%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637387878912959596%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=9mhIUgPr2JPWUUOCwH%2BI2OuwJB2hYiJnY7Fcsmpl9sI%3D&reserved=0)

If we have agreed to use Zoom, I will send you an email before the session which contains a **meeting number**. Please make sure I have the correct email address for you before the session. When you open Zoom, it will ask you to enter the meeting number so that you can join me. Please do NOT join the meeting until the agreed time.

**Please ensure the following:**

1. Treat the session as you would a face-to-face appointment eg. Allowing sufficient time to prepare beforehand; attending on time; not cancelling last minute (unless under special circumstances related to the Covid virus); coming prepared to do the necessary therapeutic work; be ready to feedback on the between-session tasks we have set etc.

2. Have your computer or mobile set up with Zoom before the session commences. This includes having your microphone and video turned on.

3. Your computer or mobile is positioned at a sensible height so that I can clearly see your face and the camera is at eye level. If more than one person will be participating (the purpose of this would need to be agreed with me in advance), please make sure that I can see everyone clearly.

4. It is very easy to hear background noises e.g. animals, washing machines kettles etc. so make sure you are in a quiet location.

5. You will not be disturbed for the duration of the session and that the door to the room you are sitting in is closed.

6. If you are using your computer, you have your mobile out of reach and with the sound muted so that it is not a distraction.

7. You do not have your back to a window or light – this can make it very hard for me to see you clearly.

8. That there is adequate lighting in the room you are in.

9. You have a box of tissues nearby.

10. You have a glass of water nearby.

11. Have session materials ready such as a pen and paper available to make notes.

12. You have not been drinking alcohol or taking drugs before any sessions where they may still be in your body.

13. You do NOT record the sessions. I will not be recording any of our sessions UNLESS I have prior consent from you, and this has been mutually discussed and agreed and a consent form has been signed by you.

14. You will NOT let anyone else listen in to any part of the online session (via phone or any other technical device or in person) without prior agreement with your therapist.

15. You join the meeting at the agreed time.

**For you to complete:**

By signing this, I confirm that I have understood the information above and have had any concerns discussed with my therapist. I agree that I will NOT record any part of the session or let anyone else listen in to the session (via phone or any other device or means) without prior agreement with my therapist.

**Therapist and Client Agreement – Signatures**

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 **Client / Date: Therapist / Date:**