



Contract Form

Practitioner details:

Richard Knowles

55 Thrupp Close

Castlethorpe

MK19 7PL

Tel: 07803 033715

Email: richard@remindmk.co.uk

Website: www.remindmk.co.uk

Name of therapist: Richard Knowles

Name of client:

I keep short written notes on sessions which are stored securely under the Data Protection Act.

I abide by the codes of ethics of the National Hypnotherapy Society and a copy is available on request. <https://www.nationalhypnotherapysociety.org/about-us/code-of-ethics/>

All sessions are **completely confidential** *except* under these circumstances:-

- a) If I believe you are at risk of harming yourself or others, I reserve the right to break confidentiality in order to prevent harm. However, I would only do this in extreme circumstances and always try to discuss it with you first before taking any action.
- b) I may discuss my work with a clinical supervisor; this is standard practice, and my supervisor is bound by the same codes of ethics and confidentiality as myself.
- c) If required by a court of law to give evidence (e.g. in a criminal proceedings).

I have an obligation under my membership to continue my professional learning and development and therefore I may share case histories with my Supervisors. All information will be anonymous and this will not be a breach of professional confidentiality.

If there any concerns should you have about your therapist's practice these can be talked through with the therapist, Richard Knowles to resolve. Otherwise contact the National Hypnotherapy Society.



Client agreement

I agree to pay the following fees prior to attendance.

Session Fee £

24 hours notice should be given in the event of cancellation by the client. If sessions are cancelled within this time a 25% charge will be incurred unless agreed by Richard Knowles that the reasons are unforeseen and supporting evidence is shown.

I agree to attend all sessions with the exception of the above-mentioned paragraph. By not attending without giving suitable notice I agree to pay for the session fee.

In the event that I decide to cancel all future agreed sessions I will provide notification one week in advance.

I agree that there is no guarantee that my problem will be 'cured'.

Signatures:

Client:

Therapist: