



Contract for Counselling / Hypnotherapy Service

This document is a contract between Richard Knowles Counsellor / Hypnotherapist

And: Client

Confidentiality

All sessions (whether in person or remote) will be conducted in confidence. This confidence will be maintained and applied to any and all records in accordance with the Data Protection Act (1988) and General Data Protection Regulations (GDPR) (2018), except in the following instances:

1. Where the client gives written 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; for example where there is a possibility of harm to self or others, instances of fraud or crime, or where minors (under 18) are concerned.
4. During Supervision, in which instance Client identity will be protected.
5. Where a locum has a need to know. This will normally be discussed with the client.
6. Where a referring GP or agency requires a report. A copy of the report will be available to the Client.

Where disclosure is required under the above circumstances, this will be on a 'need to know' basis, so that only those individuals or organisations who need to know in order to provide care to you, and for the proper administration of Government (whose personnel are covered by strict confidentiality rules) will be given the information. Only information that the recipient needs to know will be disclosed.

Your personal information

I need to maintain accurate personal data in order to provide you with safe and appropriate care. Your personal details and client notes are held in a secure manual filing system which is accessible only to myself. Any digital communication is held on password-protected devices accessible only to myself. I am required to retain your records for seven years after the end of your therapy, after which they will be destroyed securely.

I am registered with the ICO for Data Protection, registration number ZB158198.



Contact Permission

Your privacy is important. The contract and personal details you have provided will only be used to contact you in the context of therapy, and not for any other purpose.

Please indicate by which means I may contact you if necessary:

Mobile Phone	
Home / Landline Phone	
Text/SMS	
E-mail	
By post	

Sessions

The initial meeting provides us with an opportunity of deciding whether to engage in a contract for therapy. We would then agree an outcome and appropriate number of sessions. At any time during, and/or at the end of this period, we jointly assess progress and decide what further action is required. If it is not appropriate for us to contract together, I will endeavour to provide you with an alternative therapist or agency, should that be required.

The suggested number of hours will be approximately 6, subject to review and renegotiation.

Fees

My fees are £65 per hour, payable at or in advance of each session, and are subject to review on a regular basis.

BACS payment is preferable and should be paid using the following bank details:

REMIND MK

Sort code: 20-57-44

Account number: 73186997

Cancellation of sessions

For cancellation of sessions by the client, a period of 24 hours notice for individual sessions is required, otherwise the session fee will be payable. For cancellation of sessions by the Therapist, the client will be given reasonable notice wherever possible. For termination of therapy, one session will be required as notice.



Code of ethics and conduct

Counselling and Hypnotherapy have strict ethical codes built into their methods of practice. I work in accordance with the Codes of Ethics and Practice of the National Counselling Society and the National Hypnotherapy Society.

Supervision

Good therapeutic practice recommends the regular supervision of all caseload. I receive supervision on a regular basis to ensure the client's and my safety, to maintain standards of professionalism and to work within my scope of practice.

Complaints procedure

This available on request from the National Counselling Society and the National Hypnotherapy Society.

I acknowledge, understand and agree to the conditions outlined above.

Client:

Signature: Date:

Therapist:

Signature: Date: