Initial Client Agreement

Name:

Address:

Post Code:

Mob No: Email:

Age: Date of Birth:

Emergency contact details:

Contact name: Contract no:

GP name Clinic:

Address: Postcode:

Tel No:

Any medical information you feel is important to share:

Please note:

As your safety is most important the therapist may wish to ask you some further questions and, in some cases, may ask you to seek the advice of your doctor.

Client:

I understand that the therapist can’t be held responsible for any problems that may arise from the failure to inform them of any condition, complaint, or problem that I suffer from.

I understand that the therapist does not give medical diagnosis or treatment but does seek to correct imbalances which may be revealed during the treatment.

I have read the client agreement Sheet and I understand and abide by the conditions stated on the sheet.

Signature Date

(If client is under 16 year of age, parent or legal guardian can sign on child’s behalf)

Client agreement Sheet

1. I am bound by the Codes of Ethics and Practice of BACP and NCPS.
2. If I am able to support you with your issue, we will be able to engage in this therapeutic relationship.

*With the exception of item 4 below*, you are not contracted to any specific number of sessions.

**You may terminate therapy without further cost at any time you wish.**

1. The normal duration of each session is **50 mins**, although I reserve the right to amend that time for therapeutic reasons. If for any reason you are late for a session, I will see you for the duration of the remainder but will be unable to work beyond the allotted time as this will disrupt the clinic for other patients who may be waiting.
2. Cancellations that are necessary for clients to cancel an appointment last minute or fail to attend and are unable to provide notification. On these occasions you will be charged.  In general, if you fail to give less than **36 hours’ notice** of your intention to cancel or postpone an agreed session or if there is a pattern of cancellations, I reserve the right to charge in full for that session.
3. If agreed payments for therapy has not been paid within the time frame, then I reserve the right to terminate therapy.
4. Payment should be made at least 72 hours before each session to secure the appointment. The session is only confirmed with a confirmation text or email with an agreed time and date with your payment processed.
5. As part of my code(s) of practice I am required to carry out continuing professional development, and to engage in regular on-going clinical supervision. It is to ensure an ethical and professional service to clients. I may discuss your case in supervision but would not use any identifying details. If for training recordings are required then only via clients consenting to this.
6. Confidentiality will only be broken in these circumstances. If I feel there was any risk of suicide, evidence of self-harm, risk to another member of society or disclosure of any acts of terrorism I am obligated to contract relevant authorities. If any of there should arise, I will immediately inform you of the concern where appropriate and proceed to discuss with my clinical supervisor.
7. Our therapeutic relationship will always remain a professional one, the boundaries of which *(such as contact outside of our sessions)* can be agreed between us during our sessions.
8. Notes may be taken during and after each session, which will be kept in accordance with the Data Protection Act (1998).  These notes only include the date of the session which is securely stored. Any written notes taken in the session will be destroyed after the session.
9. Endingscan be demanding and emotional. Your feedback on the process will be asked for at the end of each session.  In the normal course of events, you will probably know when you are ready to finish, we can agree together on the work we need to do to prepare for this.
10. You will be notified of any holidays to be taken by myself well in advance. However, there may also be occasions when sessions may be cancelled because of illness or emergencies. I will try to give you as much notice as possible of any cancellation and will offer an alternative time.
11. In the event of you being unhappy with the service you receive, please discuss this with me. If you feel unable to do so or do not receive satisfactory resolution, then you have the right to complain to my professional body, the BACP, NCS or email: [Mind4Therapy@mail.com](mailto:Mind4Therapy@mail.com)