

# **Therapy Agreement**

## **Therapist Details**

Name Philippa Capel Contact Number 07803207591 Email Philippacapel@googlemail.com

## **Session Duration**

Sessions take 50 minutes and charged at £115 per session.

## **Session Payment**

Must be made before the session preferably via BACS, alternatively via cash, cheque or card. 50% to be paid at time of booking with the remainder payable 48hrs before to session.

Name: Philippa Capel Bank: Natwest Sort Code: 60-70-03 Account Number: 54538262

Receipts/invoices are available on request. Insurance payment will be made via the insurance company.

## Cancellations

48 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 48 hours notice is provided, you will be charged half the cost of your session to cover the incurred costs.

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

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## Non-attendance

If you fail to attend a session without any notice 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 approximately every six sessions to ensure you feel you are getting the most out of therapy; you are not tied into any commitment 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 HCPC 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 a fully accredited member of the HCPC, 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

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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 HCPC I operate under a strict code of confidentiality.

## **Contact with your GP**

In addition, as per best practice we would like to liaise with your NHS General Practitioner.

If you are not happy for us to contact your NHS General Practitioner your care will not be affected in any way.

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#### Are you happy for me to do so?

#### **Emergency information**

I do not provide an emergency service. If you need to speak to someone urgently, the following are some telephone numbers you can contact:

NHS:	111
The Samaritans:	116 123
The Emergency Services:	999

You can also access emergency psychiatric care at your local Accident and Emergency department.

#### **Therapist and Client Agreement**

Client Name -

Signed -

Date -

Therapist Name -

Signed -

Date -

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