

# Therapy Contract



## Dr Kate Castle

- ▶ BABCP Accredited Cognitive Behavioural Therapist: 060270
- ▶ BPS Chartered Counselling Psychologist & Associate Fellow: 174470
- ▶ HCPC Registered Counselling Psychologist: PYL04970

## Professional Service

My aim is to listen carefully, without judgement, and assist you in overcoming your problems, to the best of my ability. If I am not able to help, I will let you know and try to help you find a suitable professional.

If you have any concerns about your therapy, please discuss them with me. If you remain concerned about my conduct, please contact the British Association for Behavioural and Cognitive Psychotherapies.

## Appointments

The initial consultation lasts up to 1 hour 15 minutes. Subsequent appointments will last for 50 minutes. The initial appointments are a detailed assessment to clarify the problem and establish what would be most useful for you. Then, if you would like therapy with me, we can agree the frequency of sessions, to be reviewed after 6 sessions.

## Confidentiality

In keeping with the British Psychological Society Code of Ethics and Conduct and the General Data Protection Regulations, all information shared with me will be treated as private and confidential, with the following exceptions:

- ▶ If I am seriously concerned that a client is a risk to themselves or to others, I will disclose this information to the appropriate professionals. Whenever possible, I will discuss this with the client first and encourage them to inform others directly.
- ▶ As part of my professional responsibilities, I have ongoing clinical supervision to review my work. Any information shared during these sessions will also remain confidential.
- ▶ I keep brief clinical notes, to keep track of what we have covered and ideas which may be useful. These notes are anonymous and held securely. I would encourage you to keep your own notes of sessions, to remind you of helpful ideas and strategies to try.

Please see my privacy policy for more information.

## Emergencies

I do not provide an emergency or out-of-hours service. If you require emergency support, please contact your GP or out-of-hours GP on 111. Samaritans: 24/7 support, Freephone 116 123, email [jo@samaritans.org](mailto:jo@samaritans.org)

## Payment

Payment can be made at the end of the session, by cash, cheque or card, or by bank transfer within 5 days. If you would prefer to pay monthly, please request an invoice and payment is required within 28 days. If you are paying by bank transfer, please include your name or invoice number.

## Cancellations

If you are unable to attend an appointment, please let me know as soon as possible, by email, text or answerphone message. There is no charge for cancellations with more than 48 hours' notice. If I receive less than 48 hours' notice, I reserve the right to charge up to the full fee. Missed sessions will be charged at the full fee. If you are late for an appointment, I will not be able to overrun and the full fee will still apply.

## Private Health Insurance

The client takes ultimate responsibility for payment of each session, so it is important to clarify your insurance policy before beginning therapy. Please contact your insurance provider for an authorisation code and to clarify whether you need a GP referral and how many sessions they cover.

## Fees

Please tick the appropriate fee:

- Private Health Insurance**, fees include additional admin time  
£110            Appointment
  
- Standard fees**  
£110            Initial consultation  
£90             Subsequent appointments
  
- Reduced rates** for students and unemployed clients  
£90             Initial consultation  
£75             Subsequent appointments

## I understand and agree to the above terms and conditions

Client's signature: .....

Please print name: .....

Date: .....