Cornerstone therapy client contract and consent

1. Introduction

This document is to support you making informed decisions about your treatment and information on the process that are involved. We are beginning a therapeutic relationship that I hope you will find beneficial and to help us set the boundaries of this, it is important that you read and understand the following information as this forms our agreement.

We are meeting face to face or via video / phone in a setting that is private and confidential. If you are meeting with me via video or phone, please try to access private space so you feel you can talk freely. If you feel the space is not suitable, please advise me at your earliest opportunity as its very Important you feel able to talk openly within the space.

A successful therapeutic relationship is built on trust, mutual respect and the creation of a safe and secure environment and I will work hard to ensure this and that you feel able to raise any concerns you may have along the way.

2. Professional details and credentials

You can find details of my professional membership, training and qualifications, and the number of years I have practised through the BABCP (British association of psychological therapies). I am also on linkedln and have a website that discloses my areas of specialty and my approach to therapy (https://cornerstonetherapy.co.uk/) . Feel welcome to ask me any questions you have about this. I am insured and registered with the ICO for privacy purposes in accordance with my obligations under the Data Protection Legislation and have liability insurance.

3. Emergencies, and Confidentiality

I may wish to verify your personal details against those provided in your intake form. This is to ensure I am speaking with only yourself as confidentiality is significantly important. Your information will not be shared with anyone but myself unless I believe you are at risk of harm to yourself or from someone else.

My duty of care also extends to children and vulnerable adults whom you may discuss in session and so if you disclose a serious intent to harm someone else, or share knowledge of the abuse of a child or vulnerable adult then I may be required to break confidentiality and inform an appropriate professional/ service who can offer support and assistance.

In the event that an onward referral to a medical professional would be beneficial or necessary, I will seek your knowledge and consent to make a referral to them, or to contact your GP for onward referral.

I will request your next of kin details in case of emergency through a session or if during a Session if your safety is at risk because of an emergency or if a safeguarding issue arises.

As part of your treatment, I will request an emergency contact. I will only ever use this information in the event of an emergency, such as if you express a serious intention to harm yourself, have an accident or become critically unwell during a session, and likewise with regard to any emergency services, such as the police or ambulance services, I will only contact them in the same circumstances.

Therapy is not a crisis service and its important you have details of who you can contact should this arise of you. This will vary depending on your location. Please check this link to find your local service:

<https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/>

5. Privacy and Personal Information

Information I hold about you: I handle, create and store records that include some personal information about you. This could include your identification details, intake form, client history, emergency contacts and notes about the session to support the therapy, some of which is also sensitive information. I will handle your information in accordance with all applicable laws in England, including the UK Data Protection Legislation.

Purpose: I will only use your personal information for the purpose of fulfilling my contract with you and providing mental healthcare. I may also use this in conjunction with the requirement of my profession for ongoing supervision; in this instance the information would be anonymised so that you are not personally identifiable, at which point the information is no longer personal.

If we continue our therapy sessions, I may use your details to send you an invitation to a subsequent session or may correspond with you by email.

How I hold the information: I use a secure and password protected software system called Clinix to record notes; this system is fully compliant with all regulations and legislation. Upon commencing therapy, you will be asked to register on this system via a link sent to you by email. Please take a few moments to register. This will enable appointment reminders to be sent and any relevant questionnaires be allocated.

Assurance: Due to the nature of the information I have access to in my role as a mental health practitioner, I am registered with the UK Information Commissioners Office (the “ICO”, this is the UK’s Supervisory Body with respect to Data Protection Legislation) to assure you that I understand my responsibilities and follow all relevant legal advice and guidance in relation to the privacy and secure management of your personal and sensitive data. I also follow my professional body’s ethical framework (the BABCP) for which I yearly get reassessed and accredited to ensure these guidelines are met.

Clinical Will: Ethical practice is the foundation of my work as CBT therapist and is based on my commitment to always act in the best interests of my clients. As part of my duty of care, I must consider what will happen in the event that I am suddenly and unexpectedly unable to carry on working. To ensure that I have processes in place for this I have a clinical will which is now explicitly mandated in the BABCP Standards of Conduct, Performance and Ethics.

In the case of such an emergency you will be contacted by a trusted professional therapist and colleague, known in this case as a professional executor. The professional executor not only notify you but will also look to ensure that they or another suitable person helps clients think about finding a new therapist, or supports them in coming to terms with an unplanned end to their therapy.

My professional executor is Jessica Hayward (BABCP accredited number 1000235) who will only have access to your contact details in an emergency and will only contact you in such circumstances.

Your rights of access, correction, erasure, restriction and consent withdrawal: Under certain circumstances, by law you have the right to:

· Request access to your personal information (commonly known as a “data subject access request”). This enables you to receive a copy of the personal information I hold about you and to check that I am lawfully processing it.

· Request correction of the personal information that I hold about you. This enables you to have any incomplete or inaccurate information I hold about you corrected.

· Request erasure of your personal information. This enables you to ask me to delete or remove personal information where there is no good reason for me continuing to process it. You also have the right to ask us to delete or remove your personal information where you have exercised your right to object to processing (see below).

· Object to processing of your personal information where I am relying on a legitimate interest (or those of a third party) and there is something about your particular situation which makes you want to object to processing on this ground.

· Request the restriction of processing of your personal information. This enables you to ask me to suspend the processing of personal information about you, for example if you want me to establish its accuracy or the reason for processing it.

· Request the transfer of your personal information to another party.

If you want to review, verify, correct or request erasure of your personal information, object to the processing or handling of your personal data, request me to restrict such or request that I transfer a copy of your personal information to another party, please email me.

You will not have to pay a fee to access your personal information (or to exercise any of the other rights). However, I may charge a reasonable fee if your request for access is clearly unfounded or excessive. Alternatively, I may refuse to comply with the request in such circumstances.

Right to withdraw consent

In the limited circumstances where you may have provided your consent to the collection, processing and transfer of your personal information for a specific purpose, you have the right to withdraw your consent for that specific processing at any time. To withdraw your consent, please contact me. Once I have received notification that you have withdrawn your consent, I will no longer process your information for the purpose or purposes you originally agreed to, unless I have another legitimate basis for doing so in law.

What I may need from you

I may need to request specific information from you to help me confirm your identity and ensure your right to access the information (or to exercise any of your other rights). This is another appropriate security measure to ensure that personal information is not disclosed to any person who has no right to receive it.

6. Fees and cancellation policy

My session fee is £85 per session, excluding the first contact we have (15-minute introductory call if taken), which is free of charge and used to assess if we can work together and you feel comfortable in doing so, and if I have the right skill set to do so.

Privately accessed treatment:

Fees are payable in advance of each session, and this must reach my account no later than 48 hours prior to the session taking place. Please note that a session is not guaranteed until a payment has reached my account. If you have booked via a platform, this fee is payable to them.

When booked directly, for longer treatments, a discount of 10% can be applied when sessions are booked in a batch (6 booked in advance and paid in advance at the same time).

Insurance claims:

If you are accessing treatment via your medical insurance, please familiarise yourself with their policy on missed or late cancelation fees as theirs will apply. Please also familiarise yourself with your policy regarding any excess that is due upon making a claim. Excess on insurance policies is payable directly to myself upon commencement of treatment. For Insurance claims, I collect fees for sessions attended directly from insurance companies, but any missed appointments you may be liable to pay them directly. Please note that any non-payment from insurance companies you are liable for.

You can book, reschedule and cancel sessions directly with myself during a session or via email. I require at least 48 hours’ notice of a cancellation to allow the appointment slot to be offered to other clients. If you give less than 48 hours’ notice, in most cases, then you will not be entitled to a refund unfortunately. No-shows or late arrivals hinder my ability to administer treatment to all those who require it and decreases my ability as a therapist to operate in an effective manner.

Similarly, if you arrive late, I cannot extend the session to compensate. If you are over 15 minutes late and have not contacted myself, I will assume you are not coming and will consider that cancellation without notice which will require payment of the session.

If you have not contacted me within 15 minutes of the scheduled start, it will also be considered as cancellation without notice.

Of course, things do come up which cannot be avoided, so please do let me know at your earliest convenience if you are unable to make session and I will endeavour to be as flexible as I can be.

7. Queries and issues

If you have any queries or concerns, I urge you to talk to me so that we may work this out together. Of course, you can contact the BABCP if there are any other queries relating to my professional conduct.

8. Changing mental health practitioner

Through our time together I hope that you will find the space helpful. We will continue to keep under review the helpfulness and timing of the treatment for you. If at any point you wish to cease the sessions or would like support in finding an alternative therapist, I will endeavour to support you with this process.

My obligations to you with respect to confidentiality and privacy will remain relevant and continue even if you do not continue with me.

9. Contact outside of sessions

Contact outside of sessions by email is best reserved for matters of bookings / cancellations, or sharing of information or suggested exercises. Therapy is not a crisis service and if you are in need of urgent mental health support, please contact your GP or call 111.

10.Signature and return of contract

By signing and returning the form to me you agreeing to the terms and information set out here. Please feel free to ask questions about any of the Infromation here and return the intake form to me at your earliest convenience.

Client name:

Signature:

Next of Kin name and number:

Cornerstone therapy trades as a sole trader under my name Amy Wood. My contact details are :

[amywood@cornerstonetherapy.co.uk](mailto:amywood@cornerstonetherapy.co.uk)

Bank details for BACS payment:

Name: Cornerstone therapy

Acc: 89831960

Sort: 04-00-03