



## Therapy Contract

**Therapist's name:** Elspeth Campbell

**Client's name:**

**AGREED DATE OF FIRST CONSULTATION:**

**Terms and Conditions of Therapy – please read these before you come to our first meeting). I will ask you sign them, and I will sign them as well so that we both understand how we will work together.**

1. I am bound by the British Association of Behavioural and Cognitive Psychotherapies (BABCP) Standards of Conduct, Performance and. A copy of the BABCP Standards can be seen [here](#) .
2. At our initial meeting(s) we will work together to identify the problem or issue that you would like help with. I will ask you about the problem(s), how they trouble you, and when and how they started, as well as any other treatment or support you have had or are having now. This may take one or two meetings. At the end of this period (the assessment) we will agree on your goals for therapy, decide if I am likely to be able to help you, and if you would like to continue working with me. You will be under no obligation to continue working with me.
3. If we agree that we will work together to address your goals, I will initially offer you a specific number of sessions. This is usually **12-15**. We can revise this to have more or fewer sessions and will routinely review your progress every **6** sessions. You can end therapy at any point without further cost.
4. Sessions usually last for an hour. Sometimes it is clinically useful to have longer, or shorter sessions and we can discuss that if relevant. If you are late for one of our sessions, we will be able to meet for the scheduled time but will not be able to continue beyond the time we had scheduled to meet. Please see the cancellation policy for more details.
5. Most sessions will be held **online**. Sometimes we may continue our online treatment outside or in other locations as part of the treatment.
6. I will let you know **4 weeks** in advance when I am going on holiday. However, there may be times when sessions are cancelled because of illness or because of other commitments. I will always give you as much notice as possible if I need to change our sessions and will offer you an alternative time to meet.
7. The cost of a one-hour individual therapy session with me is **£75**.

8. Payment should be made 24 hours ahead of each session by bank transfer:  
Account Name: Mrs Elspeth Campbell  
Sort code: 83-06-08  
Account Number: 21408231
9. The cost of therapy includes any written materials I supply, but not the cost of books I recommend; however, most books are available through the local library at no cost.
10. If payments are not made on time and as agreed, I reserve the right to end our treatment sessions.
11. If you need to cancel a session in advance, we can reschedule it for another time that works for you. However, for short-notice cancellations (less than 24 hours before your appointment), the full session rate (£75) will be charged. Please see my cancellation policy for more details.

### **Confidentiality, supervision, and note keeping**

12. The BABCP Standards of Conduct, Performance and Ethics require that I maintain your confidentiality and keep information about you safe and secure.
13. To protect you, as my client, to ensure safe and ethical practice, and to maintain my membership I am required to have continued training and to engage in regular supervision. Therefore, I may discuss your case in supervision. I would not use any identifying details. My supervisor will also be bound by the BABCP Code of Practice and confidentiality.
14. At times, I will video record our treatment sessions together. I will ask for your agreement before I make a recording. Recordings are used in clinical supervision and form part of your clinical notes. I will destroy recordings of our treatment sessions after we finish our work together. You are also welcome to record the session, please let me know if you want to do this. Please keep any recordings that you make secure so that other people cannot access them.
15. I will take notes during and/or after our sessions and will keep these securely, in accordance with the Data Protection Act (2018). I may also ask you to complete questionnaires about your experiences and / or symptoms and this will form part of your clinical notes. You can inspect these if you wish; just ask during one of our sessions.
16. Your clinical notes are also kept confidentially. I will discuss them only with my clinical supervisor. In limited circumstances I can be required to share your clinical records in court, by a judge. If this happened, I would let you know.
17. If we agree to work together, I will normally contact your referrer if applicable to confirm that we have started our work, and to outline the goals of our therapy. At the end of therapy, I will contact them again to tell them that we have completed our work together.
18. There are some limits to confidentiality. I may be required to break confidentiality if I consider that there is a risk you may harm yourself or others. I am required to break confidentiality if I become aware of acts of terrorism, safeguarding issues, illegal activity, or misuse of vulnerable adults. You should therefore be cautious about sharing any information with me that may mean I have to break confidentiality. If I am

considering breaking your confidence for the reasons outlined, I will normally discuss this with you first.

19. If you have been referred by an outside agency, for example a solicitor or insurance company and there is a civil court case pending, for example if you have been injured in a road accident, under the Data Protection Act (2018) I may be obliged to supply copies of our therapy records to an appropriate party **providing you consent**.

### **The therapeutic relationship, working together and ending therapy**

20. Psychological therapy can often be demanding, frustrating, and emotional. Sometimes you may find treatment difficult or even want to end therapy. You may find that some 'tasks' you are given are very challenging and you should feel able to tell me this and to ask me for support. I want to hear about how you think treatment is going and how you are experiencing it and will ask you to review your treatment with me regularly.
21. It is important that you understand the reasons behind our treatment together if you feel unhappy or unsure about any aspects of the treatment, please try to tell me during our sessions. This gives both of us the chance to try to address the issue(s) and to resolve it/them. If you have serious concerns about my conduct or your treatment and cannot resolve this with me, you can complain to my professional body (see note 27 below).
22. We will meet regularly at our timetabled sessions, usually once a **week**. You can contact me between sessions by **emailing [elspeth@elspetherapy.co.uk](mailto:elspeth@elspetherapy.co.uk)**. I may not be able to answer immediately but aim to do so within 48 hours. I do not offer you an emergency service. If, during a session, I become concerned about you harming yourself we will discuss what to do and how to seek help in an emergency.
23. Please do not contact me on social media – our relationship is professional, and it is not appropriate or ethical for me to have a non-professional relationship with you. This would be a breach of my professional ethical code.
24. We will discuss your progress regularly and you should be aware when we approach the end of treatment. Before we end, we will discuss how to prevent relapse and any other professional help or support that might be useful.
25. I will not end our treatment suddenly or without discussing this with you, unless there are exceptional circumstances. If I am taken ill or am not able to work with you for any other reason, I have made arrangements to make sure that your care can be continued with another therapist.
26. Please note any threats or acts of violence will invalidate this agreement and CBT will cease. Sessions will not take place if you arrive under the influence of alcohol or non-prescribed medication.

### **Complaints**

27. If you are unhappy with the service, I provide please discuss this with me. If you feel unable to do so or you are not satisfied by my response you have the right to complain to my professional body, the BABCP. They can be contacted [here](#) .



**Therapist & Client consent**

**Therapist  
Name:**

Signature .....

DATE.....

**Client  
Name:**

Signature .....

DATE.....