

# PRO-PHYSIS

## client agreement & contact information

**Tel: +65 90834584**

**Email: info@pro-physis.com**

### Agreement between counsellor and client

Practitioner Name: Jac Lawler

Client Name:

### Sessions

We agree to meet for the purpose of making counselling available to you, frequency and duration to be agreed with counsellor.

### Fees

In consideration, you agree to pay the fee of SGD \$200 To be paid by the client per session. The fee will be paid via bank transfer. From abroad you will need the below information.

Name:	Jac Lawler
Account number:	271-161251-8
Bank:	DBS Bank
Address of Beneficiary Bank:	12 Marina Boulevard, DBS Asia Central, Marina Bay Financial Centre Tower 3, Singapore 018982
Country:	Singapore

Invoices/Paid Invoices are provided on request.

### Confidentiality

The content and records of our sessions will be kept confidential except in the following circumstances.

- (a) Where you agree to the release of information.
- (b) Where I am required by law to make a disclosure of information.
- (c) Where a matter is such that there is clear evidence of significant and imminent risk to self or others.

In such matters I will attempt to obtain your consent to action, that I think appropriate to ensure your safety or the safety of others. If I am unable to obtain your consent, then I will inform you of the action I intend to take.

*Pro-Physis holds a record of your name, address, phone numbers and e-mail and may contact you for the purpose of evaluation of our services. Your details will not be made available to anyone, except in the circumstances outlined above.*

Please make sure you understand how we intend to keep records and be clear that your consent is given to this.

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*Pro-Physis Counsellors will all abide by a professional **code of ethics** relevant to their qualifications, which is the British Association of Cognitive and Psychotherapy ([BACP](#)).*

## **Supervision**

Work with all clients is regularly supervised. Your identity will be withheld in such supervision sessions and confidentiality will be maintained as set out above.

## **Attendance, cancellation and ending**

- a. You agree to attend sessions promptly, allowing 60 (minutes) for each session.
- b. You agree that any cancelled or missed session will be paid for in full. The exception to this is where you give the practitioner working with you 24 hours' notice before the beginning of the session you need to cancel.**
- c. The practitioner agrees to advise you wherever possible at least 24 hours before the next session if the practitioner is unable to be available for an arranged session, and the practitioner will seek to make alternative arrangements for you. If there is a cancellation or missed session by the practitioner within 24 hours before the beginning of the session, a free session will be offered.**

Please sign if you understand and agree with the information above.

Name (practitioner): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (client): \_\_\_\_\_

Signature: JAC LAWLER \_\_\_\_\_ Date: 28/01/2025 \_\_\_\_\_

## CONTACT INFORMATION

Name	
Address.	
Phone Number.	
Email.	
Emergency Contact.	
Contact persons phone number.	