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## **Client Therapy Agreement**

### **Private and Confidential**

### **Welcome to White Owl EFT**

I am looking forward to working with you as your therapist and because I am serious about ensuring that you achieve the results you want, I have put together this agreement for our therapeutic relationship going forward.

### **The Therapist/Client Relationship**

Emotional Freedom Therapy is focused on your agenda and your intended outcomes and involves me asking questions, challenging your perspective, suggesting alternative options for consideration, conducting EFT and offering guidance and support. The alternative therapies that I offer are Mindset, Focus, Flow status, Confidence building and Visualisation.

EFT is a collaborative relationship that enables you as the client to gain insight, perspective, clarity, direction, focus and confidence and it relies on commitment and motivation from both the therapist and the client to get the best result.

The number of sessions you will need will depend on the issue you come to me with. Whilst some clients choose to work with me long after their initial issue is resolved, it is up to you to decide whether you would like further sessions. It is also up to you to decide, with my help what you would like to achieve, and we will agree on outcomes during our first session.

As the client, when you agree to undertake a course of EFT or alternative therapies you also agree to engage with the process. It is with commitment and partnership working that you will see the best results.

### **Confidentiality**

It is inevitable that during our work together you will share with me desires, fears, goals plans, business/job information and personal/private information, both about yourself, your friends and contacts and about members of your team or family. I will not, at any time, voluntarily use any such information for my benefit, or disclose this information to a third party. I may share the essence of our sessions with my Professional Supervisor but will not

disclose any information that could identify you. I am bound to this by the EFT International Association code of conduct.

I will not voluntarily disclose that we are in a therapeutic client relationship without your expressed permission. This means that if I see you out and about I will not approach or acknowledge you, unless you do so first.

Should I feel I need to breach this confidentiality agreement for any reason, I will discuss it with you first and obtain your permission. The only exception to this is if I believe that you are a danger to yourself or others or am required to by the Association for Solution Focused Hypnotherapy code of conduct.

On occasion, I may disclose information about myself which will always be for the sole purpose of enabling you to make changes in your mindset and your life. It is important that you also keep this information between us.

## **Misunderstandings**

Part of my role as your therapist is to challenge your perspective. This is essential as often we are unable to see alternative options or viewpoints without external input. I will always apply sensitivity and will only ever seek to enable a shift for you so that you can make the changes you desire. However, humans are imperfect, and should I say or do something that upsets you in any way, you have my permission to tell me either in the moment, or if you prefer, to email or call me after the session.

Openness, transparency, honesty, and trust are essential. I am fully committed to your success, so it is important that you support me in supporting you.

## **Ending the Relationship**

If you arrive for treatment under the influence of alcohol or mind-altering drugs, I will have no choice but to terminate the session immediately and the full fee shall be charged. Further sessions will be at my discretion and may be cancelled permanently. If I think you would benefit from being referred to another therapist or specialist, we will agree to make the referral as soon as possible.

I reserve the right to cancel therapy at any time and to refuse prospective clients at my own discretion.

## **Sessions**

Your next appointment will be arranged at the end of each session. If you would prefer to book more than one session in advance, this is possible too.

Each session will be via Zoom or in person and will last up to one hour. It is important that you are online or arrive on time to ensure that you gain the most from the session.

## **Missed Sessions**

Life is imperfect and things crop up which can get in the way of therapy. I will always endeavour to accommodate your needs and to reschedule sessions should you need to. However, because I have many clients to accommodate, I operate a 24 hour cancellation policy. This means that I require 24 hours' notice to reschedule a session. Equally, in the very unlikely event that I should need to reschedule, I will always provide 24 hours' notice, unless an emergency arises on the day, in which case I will offer a free session at your earliest convenience.

## **Fees and Payment**

Pay As You Go fees are payable via BACs before each session and package fees are payable before your first session.

## **Animals** (also as above)

You will agree the following: "I understand the risks involved in an Animal Assisted Therapy session and I take full responsibility for myself (or child) when around the animals and I will always listen to what I'm being told when around livestock. Ridden sessions - I understand that ridden/jumping lessons/sessions are on my own horse/pony. I understand the risks involved including any accident, injury, damage, or loss or for anything that may happen (from any cause or circumstance whatsoever) anyone on the property or an equine venue, or for any loss, claim matter, circumstance, or event whatsoever. I agree to all the above and ride totally at my own risk."

- For children, "I agree to let my child ride at my own risk and understand all the above."

*Please type your name and information in the Client Signature space below to show that you understand and agree to the terms of this agreement.*

Name of client:

Contact number and email:

Emergency contact number:

Doctor and Surgery:

Signed:

(electronic/or print and scan/screenshot)

Date: