# **SKC Therapy**

Holistic Integrative Life Coaching and Therapy Services

## Therapist - Samantha Cauldwell

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## **Holistic Integrative Life Coaching and Therapy Services**

## **Consent and Contract Form**

#### **INFORMED CONSENT**

The purpose of this form is to share some important principles, which guide my therapeutic practice so that your decision to place yourself or your child into therapy with me can be based on accurate, informed expectations. Please read this carefully and feel free to ask any questions about what you have read if you need further clarification.

#### CONFIDENTIALITY

In general, one of the most important rights the person seeking therapy has involves confidentiality. As therapists, we are bound by a code of ethics, to which you can request access should you wish to. Information revealed by a client during the sessions will be kept strictly confidential and will not be revealed to any other person or agency without written permission, with the following exceptions: In order to maintain professionalism, therapists are required to be supervised by another therapist during these interactions, client anonymity is paramount. Confidentiality has some legal limits as well. There are situations where the therapist can be required to reveal information obtained during therapy to another person who holds a professional status without client, and/or parent or child's permission. These situations involve harm to self, harm to others and any safeguarding concerns. Whenever possible the child/adolescent will be informed before these concerns are shared. This is bound by the code of ethics that I adhere to through my professional association membership.

Confidentiality for minors: Therapists who work with minors have the difficult task of protecting the child/adolescents right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between therapist and client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children/adolescents and their parents. However, it is often necessary for the child/adolescent to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is useful if you do not ask your child/adolescent what they discussed after each session. However, if they wish to share anything with you that is their choice, but they should not feel pressurised to do so. If it is necessary to refer your child to another mental health professional with more specialised skills, I will share that

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information with you and recommend an appropriate referral. I will not share with you what your child/adolescent has disclosed to me without your child's/adolescent's consent. (However, this is not applicable if it is a safeguarding concern). At the end of your child's/adolescent's treatment, it may be helpful to review the sessions in general.

#### THERAPUETIC RELATIONSHIP

It is helpful to remember that our relationship is professional and not social, there are boundaries that must be upheld to distinguish the therapist-client relationship of one that is kept formal and professional, both on a personal level but also in social media. Our professional relationship is of utmost importance as we work together towards achieving your goals and bringing resolution and healing. If you have any concerns regarding your treatment, or that of a minor's treatment during the therapeutic process, please email me at <a href="mailto:SKCTHERAPY.HULL@GMAIL.COM">SKCTHERAPY.HULL@GMAIL.COM</a> or contact me on 07947547876. I am available Monday to Friday from 9.30am to 6.30pm and will respond to you as soon as I can. For minors undergoing therapy, please understand that my therapeutic relationship is with your child/adolescent and therefore I cannot keep any concerns that you share with me from your child/adolescent.

Please note, at any point during the therapeutic process, I reserve the right to cease the therapy session or refuse to continue therapy if I believe there is a conflict of interests, on a personal level that could affect the process detrimentally and goes against the code of ethics I am bound to. You as the client also have the right to cease therapy should you feel the therapy is in conflict to yourself and/or does not adhere to the therapist's code of ethics. Threatening behaviour in any form will not be tolerated, both against myself from any individual in association with you the client or between couples under a therapy session, and will cause for the sessions to be ceased forthwith and authorities will be contacted

Couples in therapy: I understand that couples seeking therapy are at a point where emotions are heightened and dialogue between each other can become heated. The therapy session will be conducted in a professional manner and both individual should still be aware that they should remain respectful to each other to allow the therapy to work, allowing each other to speak in turn. I will endeavour both of you to consider each other's feelings in the dialogue and will mediate between both of you. Please remember that you are seeking an end goal of re-establishing or seeking closure on issues within the relationship and to be mindful of what the objectives are overall to get to and cross that finish line. The sessions need to remain calm, respectful, and tolerant to each other and to myself. Any bullying, threatening behaviour and foul language will not be tolerated, and I reserve the right to cease the session, and contact the authorities should the situation require it. I work and am bound to a code of ethics, and I reserve the right to contact the authorities or support associations should I believe a person to be in physical danger or in fear of their life.

### **ENDINGS**

You are in complete control and may end the therapeutic relationship at any time. For a minor undergoing therapy, both the parent and the child also have complete control over the therapeutic process. Endings are an important part of the therapeutic process, in order to manage an ending appropriately, I require at least one week's notice prior to an ending.

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#### **SESSIONS AND CANCELLATIONS**

Full Sessions are 50minutes of therapy, with 10minutes put aside to allow you to settle into the session and finish the session with an overview of the discussions of the session, any homework set and arrangement of the next session. Please arrive with a few minutes to spare prior to the appointment so valuable therapy time is not lost. Sometimes, a session may go over the required time and I will make you aware that you are coming up to the allotted hour mark, or I will respectfully bring the session to a close. I require 24 hours cancellation notice prior to the session, if appointments are cancelled within this time frame, then fees will still be due, or if purchased as a package the session will be considered as attended and that session will be counted as completed, unless it is considered a valid reason for non-attendance and I am in agreement for the reason given and accept, I will endeavour to rearrange the appointment to a more suitable date.

#### **FEES**

Fees are payable by bank transfer or cash. Please ensure payment in full before the start of each session or package. I will supply you with my bank details prior to the first session for bank transfer payments.

#### **CANCELLATION**

Please contact me if you discover that will not be able to keep an appointment. I require 24 hours' notice of cancellation. if the appointment is cancelled within the 24-hour period, the full fee of the missed appointment will be due. Should you be late for your session and arrive up to a 20minute time limit over your arranged appointment time, you will only have the remainder of that booked session to undertake your therapy. Should you arrive later than 20minute past your arranged appointment time, and you have also not informed myself via a telephone or text message, then you session will be cancelled, and you will be charged for that session.

#### **REFUND POLICY**

Individual sessions may be cancelled and refunded if a minimum of 24hrs notice is given. Every effort will be made to rearrange your session should the proper prior notice be given. For bespoke packages purchased, should you wish to not use your remaining sessions then if 50% or less has been used, the individual sessions that have been used will be charged at the full single session price and the difference from the package price paid shall be issued as a refund through the payment method originally given.

4 session packages: No refund will be given for cessation of any sessions not attended or wanted.

8 session packages: 4 sessions used, 4 sessions not wanted = 4 sessions charged at full single session price and the difference deducted from the original package price shall be issued as a refund. Should the client wish to end their sessions before all the package sessions have been completed but they are over 50% sessions then no refund shall be issued. The client will be given the choice to keep the sessions available to be used at a later date, of no more than 3months from the date of the cessation notice being given.

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12 session packages: 8 sessions used, 4 sessions not wanted = 8 sessions charged at full single session price and the difference deducted from the original package price shall be issued as a refund. Should the client wish to end their sessions before all the package sessions have been completed but they are over 65% sessions, i.e. 9, 10, 11 or 12 sessions not used then no refund shall be issued. The client will be given the choice to keep the sessions available to be used at a later date, of no more than 3months from the date of the cessation notice being given.

Cooling off period: You the client reserve the right to have a 'cooling off period' from initial booking to the start of your first sessions. If you, the client, do not feel that you want to have therapy and have changed your mind since initial booking and payment and the first session starting, you are entitled to a 14day 'cooling off period' and a full refund shall be given via the same payment method received. Please note, that once the first session has started and or is within the 24hr period of the arrange appointment, then the 'cooling off period' is void and the company's normal refund policy applies.

#### **EMERGENCIES**

Please understand that I am not an emergency service. In the event of an emergency, please contact your GP or go to your local A&E, 111 or call 999.

#### **DATA PROTECTION**

The only data I collect is name, address, email and telephone number of the parent/carer of the child or young person that I am working with. I am obliged to keep notes of the key issues that are discussed during the sessions, and they will be kept for six years in a locked cabinet only accessible by myself and will remain 100% confidential and private, then they will be destroyed by a shredder.

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#### **ACKNOWLEDGEMENT AND CONSENT**

By your signature below, you are indicating that you give your permission for you to be in therapy with myself, Samantha Cauldwell, and that you have read and understood and acknowledge this contract and consent form. Please return this form to me as soon as possible.

Client Name:	
Signature:	
Minor's name (if applicable):	
Contact number:	
Email address:	
Date:	

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