

**Nathalie Knevett Counselling Client Consent Form**

**Name:**

**D.O.B:**

**Address:**

**Telephone:**

**Email:**

By giving your telephone and email contact details, you are consenting to Nathalie Knevett contacting you via these methods in the event that a session needs to be cancelled or rearranged. Your contact details will be used for no other purpose.

**Doctor’s Name:**

**Surgery address:**

Your doctor will not be contacted without your consent unless I feel that there is some immediate danger to you or other people.

**Payment terms**

Sessions will be charged at up to £50 per session and is payable in cash at the beginning of the session or at least 24 hours in advance by bank transfer. Cancelling a session with less than 24 hours’ notice will still require full payment.

**Payment Details**

Bank: Starling Bank

Name: Nathalie Knevett

Sort Code: 60 83 71

Account #: 64027125

Reference: Your Name

**I confirm that I have read and understood the information and conditions set out in the Client Contract supplied to me by Nathalie Knevett at Nathalie Knevett Counselling and that I agree to abide by the terms and conditions outlined therein.**

**Client signature:**​​​​​​ **Date:**

**Therapist signature:**​​​​​ **Date:**