**Welcome**!

Welcome to my practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at our next meeting. When you sign this document, it will represent an agreement between us.

# Psychotherapeutic Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and client, and the particular problems they bring forward. There are many different methods I may use to deal with the problems that you hope to address. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very active effort on your part. In order for the therapy to be most successful, you will have to work on things we talk about both during our sessions and at home.

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy has also been shown to have many benefits for people. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include and explain how our work together might look, if you decide to continue with therapy.

You should evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a commitment of time, money, and energy, so take time to make sure that the therapist you choose is right for you. If you have questions about my work, we can discuss them whenever they arise.

If your doubts persist, I will be happy to help you set up a meeting with another mental health professional for a second opinion.

Therapy Agreement

This is a mutual agreement between therapist and client.

It outlines the responsibilities of the therapist towards the client, and also the client's responsibilities in the therapeutic relationship.

This contract is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, therapist, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Client/s.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Qualifications and training**

I am a Certified Transactional Analyst with a Masters degree in Psychotherapy. I am registered with the UKCP (United Kingdom council for Psychotherapy) and I adhere to the UKCP code of ethics which can be found at www.psychotherapy.org.uk,

**Insurance;**

I have professional and public liability insurance and have been DBS checked.

**Confidentiality**;

This is a very important aspect of the therapeutic relationship. Everything that is discussed with me in the session is kept in the strictest confidence. As a member of the UKCP I am required to have regular supervision and I may discuss my work with you with my Supervisor from time to time. However, I will not disclose your name or anything that would enable you to be identified. Any information that a Supervisor receives is also treated as confidential and subject to the same ethical criteria as therapy. If you are being treated by your Doctor for emotional difficulties, it is important that you inform him or her about your therapist, and vice versa. I will not confer with your Doctor without your knowledge and permission. If there is convincing evidence that you intend to harm yourself or others, I will need to break confidentiality by informing your Doctor, or in serious cases the Police, emergency services, or other appropriate third party. Wherever possible, and if it is considered appropriate, you will be informed of this. I keep brief notes after a session, which will be securely stored. Occasionally I may use audio recording of your session for the purpose of monitoring my work, but this would only occur with your prior knowledge and permission. Again, these data are securely stored and destroyed after use.

**Contact with me, mobile and email use;**

I can be contacted by calling 07976 677320 during office hours. Messages can also be left on this number.

Email contact is: sylva.jolliffe@aol,co,uk

Please use my mobile phone or email as a way of contact for arranging and re-scheduling appointments etc. Please be specific which telephone number you wish your me to use for contact and indicate whether it is acceptable to leave a message.

I do not offer a crisis intervention service. Should you need support between sessions, please contact your GP or one of the following organisations for help: www.mind.org.uk, www.mentalhealth.org.uk, www.samaritans.org.uk (Telephone: 08457 909090), www.depressionalliance.org/, www.depressionanon.co.uk, You may also want to contact me to bring your appointment forward.

**Sessions**;

Sessions last for 50 minutes. You would usually meet with me once a week, The times and days may vary each week. The whole session time belongs to you, whether you choose to attend or not, and your I will be present for the entire time of the session. If you arrive part way through your allotted time, I will see you for the remainder of the time. If your circumstances change and the session time is no longer suitable, I will do their best to accommodate this and offer you an alternative time. Therapy is for individuals only; no other person will be permitted in the therapy room at any time or for any reason. The only exceptions to this are family therapy, mediation and relationship/couples work.

**Cancellation and Holidays;**

If you are unable to attend a session, provided you give me as much notice as possible I will do my best to accommodate this and offer you an alternative time or date. However, if this is not possible, the full fee may be charged for the missed session. Failure to show for an appointment may also incur the full fee.

I will be available for you with the exception of annual holidays and occasional times when I might attend a training workshop or a conference. I will give you as much notice as possible if I am unable to make a session through illness or other unforeseen circumstances.

**Fees;**

Charges will be reviewed each year and we will give at least one months’ notice of any increase. Payment is due at the session in cash or electronic means.

**50 minute Session £40**

**Duration of Therapy;**

This is something that we will agree between us. We might agree to work together for an initial period of 6 weeks and then review things. It is important for you to know that it is the you have the deciding say on whether or not to continue.

**Face-to-Face contact outside sessions;**

Should you happen to meet me outside of your session please be aware that they will not greet you. This is to protect your privacy and maintain confidentiality. This is especially important if you are with other people. If you acknowledge me openly, then I will respond in an appropriate, professional manner. Should you find yourself in a situation where you and I are part of the same group, either social or professional, serious consideration will be given to the complications of this dual role relationship. Where appropriate, and possible, I will withdraw.

**Facebook, Twitter, Linked in and all social media;**

Please do not invite me to join you on any social media. I am not permitted to do so under my Codes of Ethics, and refusal could cause offense where none is intended. I would also ask that you do not post details of our work on social media.

**Endings;**

You will normally know when you are ready to finish therapy and you can address this issue with me when you feel it is the right time. I ask that you give at least one weeks’ notice before finishing so that we have the chance to end our relationship thoughtfully, but there will be no pressure on you to continue with therapy. I will not be able to work with you if you are under the influence of alcohol or other mind-altering substances. If this were found to be the case, they would have to end the session and you would be charged at the normal rate. I reserve the right to terminate therapy where the client is not abiding by the agreement, or I perceive them to be a threat. Abusive behaviour is unacceptable and will not be tolerated.

**Data Protection Statement;**

To assist me in working effectively with you, I) keep confidential records of my clients. These records are kept securely, are only seen by me.

The Data Protection Act 1998 which gives you the right to access personal data held about them. Some of this data may be classified as sensitive personal data which includes but is not limited to information concerning gender, sexuality, racial or ethnic origin, political opinions, religious beliefs, physical or mental health, relationships, sexual life, criminal proceedings and convictions. We can only use your sensitive personal data with your consent which we ask you to give by signing this form. Both personal and sensitive personal data is used to provide the best possible service to you.

As required by our professional bodies and insurers, personal records are kept for the period of seven years after which time they may be destroyed in accordance with guidelines on the destruction of sensitive information. Under the Data Protection Act 1998 you have the right to make a subject access request in respect of personal information held by me. If the application is in respect of couples or family Therapy, the consent of all parties is required before any information can be released. Should you wish to make a subject access request please put this in writing to me, enclosing a cheque for the sum of £20.00. I will also require proof of identity by seeing a copy of your passport or driving licence and proof of address by seeing a utility bill. Once we have this information, we will respond within 30 days. Your signed consent acknowledges that you fully understand and accept the subject access policy for records held by me and also gives your consent to use of personal and sensitive personal data for the stated purposes.

**PLEASE READ THIS CONTRACT CAREFULLY**

Check what we have agreed today. If you wish to negotiate any changes your I will be happy to do discuss this before you sign.

I understand my right to access personal data held about me by Sylva Jolliffe. I consent to Sylva Jolliffe using my personal and sensitive data in accordance with the Data Protection Act 1998 for the purposes of delivering therapy to me and for management of the quality of the service that she delivers. This agreement is fully understood and agreed to and is signed as it stands by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Client/s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Further negotiations during Therapy can be recorded here:-