



Client/therapist agreement form and contract

I understand that psychotherapeutic counselling and/or hypnotherapy is not a replacement for medical treatment.

I understand that the therapist is a facilitator to help me make the changes that I want.

I agree to participate in each session to the best of my ability.

I agree that I will not attend sessions under the influence of alcohol or any other kind of drug miss-use. If this should happen I will be charged for the session but the session will not go ahead.

If a video session or phone session is agreed then at no time will recording of the session be allowed.

I have provided accurate background information to the therapist including my contact details and GP details and any medications that I am taking.

I understand that confidentiality will be honoured regarding my sessions. If the therapist is of the understanding that I will actually do myself or any other person harm they may need to contact the appropriate authority. The therapist will let me know if this is the case to discuss the plan of action. If necessary the therapist has permission to contact my doctor or to refer me to another therapist when that is advisable for my well-being. During the COVID 19 outbreak it should be noted that for track and trace purposes your name and contact details may need to be divulged if the therapist becomes infected or one of the therapist's clients who has had face to face sessions becomes infected.

I have been advised that I am free to terminate any or all sessions at any time.

I agree to be on time for my sessions and understand that **24 hours notice is needed to cancel or change my session** without incurring the charge for the session.

The cost of an initial consultation is £25. All sessions are for 55 minutes with subsequent sessions currently costing £40.

Payments can be made in cash or direct to the bank account of Michelle Mould the night before your appointment.

Sort code 09 01 27 Account no. 13714671

*Please use your name as the reference

Signed _____ Date _____

Full name _____

Therapist agreement

I am committed to assisting you in a timely manner that is agreed by us both.

I will use the best of my ability and expertise to facilitate your agreed changes and agree to inform you immediately if in my judgement another professional would be better in serving you.

Signed _____ Date _____

Psychotherapeutic counsellor _____