Nick Corrigan
Counsellor and therapist
Nick@nickcorrigantherapy.com
07495 596912

Client information and therapeutic contract

1. Confidentiality

Everything we discuss on our session will remain confidential to us. This means that I am not allowed to share information about you without your consent.

In certain circumstances, this does not apply, such as:

- If there is a risk, that you may harm yourself or someone else
- If there is a child at risk of harm
- If there is a risk that an act of terrorism may take place
- If I am asked to provide information under the law (e.g., court or police ordered)
- If you are unable to give consent (e.g., emergency situations when you are unwell or unconscious)

If confidentiality is to be broken, I will discuss this first with you if I can. I also attend regular supervision with an experienced professional. This ensures that I regularly reflect on my practice, and I can provide the best possibly quality of work. Your identity or any identifiable details will never be discussed or shared during supervision.

2. Fees and cancellation policy

My fees are £80 for a 50-minute session. I have limited places for £50 concessional rate for students. This is usually reviewed yearly, and you will be notified of any changes in my rates at least 6 weeks before they are implemented.

The fees are payable prior to the start of each sessions via bank transfer.

Should you need to change the time and date of our sessions, you can contact me via email, text, or telephone. If you cancel our appointment within 48 hours, the full price of the session will be charged. However, if you cancel at least 48 hours before the agreed time of the session, you will not be charged for your appointment. Of course, unexpected emergencies (e.g., accidents, illness) are subject to discussions. Where you know in advance, that you cannot attend, for example pre-booked holidays, please give as much notice as possible.

In case I am unable to attend our sessions, you will not be charged. I take regular breaks and holidays which I will give you as much notice as possible beforehand.

3. Insurance

I have a professional indemnity insurance. In additional, I am also an accredited professional practising in accordance with the guidelines of the British Association for Counselling and Psychotherapy (BACP).

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4. Data protection

It is important to note that I will hold the following information about you and our sessions – this is in line with the European Data Protection Regulations (GDPR, 2018). All this information will remain private and confidential (unless exceptional circumstances mentioned at page 1).

Data I will keep about you and our work:
- Your name
- Your phone number and email address
- Your GP's details
- An emergency contact's name and contact details
- Relevant medical information
- Session notes
- Communications between us outside sessions
- Your invoices and payment information

All these data will be either stored on paper in a locked filing cabinet (e.g., anonymised session notes), or on a password-protected electronic device that is only accessible to myself (e.g., communications between us). I will need your signed permission at the end of this contract which ensures that I have permission to hold and use your data.

I will only keep your data for the duration of our work and for a certain amount of time after our work has come to an end. This is in accordance with the requirements of my indemnity insurance policy. After that, all data will be destroyed.

You always have the right the view the data I have about you and to ask for it to be updated or deleted. You might also ask for this data to be shared with a third party – in these cases, please make a request in writing with your explicit consent.

If something unexpected happens and I became unable to work, a named trusted colleague will get in touch with you. They will confidentially hold your name and details as part of my professional will.

Please sign below to express your explicit consent that you have read and understood my therapeutic contract:

Signature

Print name

Date