

Individual Therapy Agreement

This agreement is drafted in accordance with GDPR legislation as of May 2018.

Therapist

Pedro Daniel

Psychosexual Therapist and Couples & Relationship Therapist

Registered with the College of Sexual and Relationship Therapists (COSRT)

Address: 5 Falkland Avenue, N11 1JS

Email address: contact@pdanieltherapy.com

Business phone number: +44 (0)7588857685

Website – <https://pdanieltherapy.com>

Communication

Signing this document confirms your consent for me to contact you via email, phone call, SMS, or WhatsApp Business.

If you would prefer not to be contacted by any of these methods, please mark this at the end of the contract.

Session Duration, Frequency and Location

Sessions last 50 minutes unless otherwise agreed. A ring will sound when there are five minutes remaining, helping me to focus on you without distractions and supporting the important concluding part of the session — the summary, review of the therapeutic plan, emotional check-in, and reading the room. It is mandatory to finish the session on time.

Sessions are scheduled weekly, unless otherwise agreed, and will occur on the same day and time each week. Occasionally, I can offer alternative times if you are unable to attend a specific week.

Sessions can be held either in person at my residence, 5 Falkland Avenue, N11 1JS, or online via Zoom.

Whether in person or online, there is a 15-minute waiting window after your scheduled appointment start time. If you are unable to join within this period and I do not hear from you, we will need to reschedule. If you join within the window, any lost time cannot be added to the end of the session. Please contact me by text, phone, or email if you experience issues with public transport, internet connectivity, or technology.

Online sessions

You will receive a Zoom invitation to our session via email beforehand. Each session will have a unique link, waiting room, and password.

For all online relationship therapy sessions, you must be present in a private room. This is to maintain the integrity of the therapy.

In-person sessions

A room with natural light is reserved for therapy. There is also a toilet available exclusively for clients. I am unable to offer step-free access. As I work from home, there may occasionally be household or neighbour noise. I live with two dogs. Please notify me in advance if you need them to be avoided.

Please remove your shoes upon entering. The therapy room has a rug and a wooden floor. I do not have a designated waiting area, but there is a portico with seating available where you can wait. If you arrive early, several coffee shops and a nearby park offer convenient places to wait until the session begins.

Assessment

For individual psychotherapy or psychosexual therapy, the assessment spans the first six sessions. I will gather the necessary information and data to create a clinical treatment plan, while also establishing a therapeutic relationship and conducting psychotherapy simultaneously. At the end of these six sessions, we will review the progress made and consider preparations for either ending the contract or moving to an open-ended arrangement.

I may suggest a minimum number of sessions, but we will review this as we progress.

After therapy concludes, I will recommend a follow-up session in six months and again after one year.

I am available for one-off or a few situational sessions after therapy concludes, focusing on specific concerns or issues that have arisen in the meantime.

Reviews

We will review sessions regularly, either at your request or as needed. You are not obliged to any long-term commitment; you may end sessions at any time. However, it is advisable to have a concluding session.

If your needs surpass my capabilities, I reserve the right to terminate our agreement. This will be discussed during the session, and additional recommendations may be provided.

Confidentiality

Your therapy and personal details are kept securely. Information will only be shared with:

- My clinical supervisor, during a verbal meeting, is also accredited by a professional body.
- In the event of my death or mental or physical incapacity, my Professional Executor will contact you to inform you. This individual is another therapist who follows the same code of ethics.

There are very few situations in which I would feel compelled to release notes:

- Court order: If a judge issues a court order (a subpoena is often not enough), I may be legally obliged to release the notes. This usually happens in serious legal cases, such as child custody disputes, and even then, I will seek to provide a summary rather than the full notes to protect my clients' privacy.
- Risk of serious harm: If the notes contain information indicating an imminent threat of serious harm to someone, particularly a child or a vulnerable adult, or to the client themselves, I have a duty to breach confidentiality to protect people's safety. This is a report to the authorities and your GP.

As an accredited member of COSRT, I adhere to their ethical framework and guidelines to ensure all clients receive a professional and competent service. Any work that isn't psychosexual is governed by UK law.

Information I collect about you and how I use it

When you start therapy, I will collect essential personal details from you for contact and identification purposes. This includes full name, date of birth, email address, telephone number, emergency contacts, and your GP details. During sessions, a verbal assessment of your mental health will be carried out, which may take several sessions. Notes may be taken during these sessions, potentially including personal and sensitive information about your life. These records and assessments are practical and informational records.

I might also create "process notes" for my personal reflection. These notes are solely for supporting the services I provide to you. After reflecting on the therapy session, I will destroy the process notes, but basic details (as mentioned above) and relevant context will stay on file.

Your rights

You may request therapy notes. Any notes provided will be factual and concise. If you wish to obtain a copy of some or all of the information, please contact me by email using the details in this agreement. The data will be sent to you within 30 days.

I want to make sure your details are accurate and current. Please let me know if you change your contact information, like your GP or phone number.

How long do I keep your information for - data retention

Your information is retained only for the duration necessary to provide therapy. However, beyond this, I will keep your details and any brief notes for seven years after your therapy concludes to comply with my insurers and accrediting organisation.

Sharing of data

There may be times when your information needs to be shared with third parties, such as a medical professional. I will explicitly seek your consent beforehand, and the data will be transmitted to them securely.

Security of your data

Information will be stored securely and kept confidential in accordance with the data retention policy outlined above. Clients' details are stored on my encrypted, password-protected work laptop and tablet. Notes are digital. Any physical documentation will be uploaded on the same day and then shredded. I am the only person with access to clients' data.

Lawful basis for processing your information

The legal basis for my collection and use of your information is to provide a contract to you as a registered psychotherapist. As a member of COSRT, I am committed to maintaining a strict code of confidentiality.

Session Payment

Payment must be made 24 hours in advance of the session by bank transfer. Session fees are reviewed annually, and I reserve the right to amend the fee

charged for sessions, providing you with four weeks' notice. Receipts and invoices are available on request.

Bank details:

Pedro Daniel Therapy (business account)

Barclays Bank

Sort Code 20-76-90

Account no 23637131

Cancellations

I require 48 hours' notice of cancellation to avoid being charged for your therapy session.

Non-attendance

If you do not attend a session without prior notice, the full fee must be paid before booking any further sessions.

Meet each other outside the sessions.

If I see you outside your session, I will not initiate a greeting. This is to protect your privacy and confidentiality. If you choose to greet me, I will respond appropriately.

Social media

I am not allowed to follow clients on social media, in line with the COSRT Code of Ethics. I have four business social media accounts: Instagram (@pdanieltherapy), LinkedIn (www.linkedin.com/in/pdanieltherapy), Facebook (<https://www.facebook.com/share/1K6uW2ozFv/?mibextid=wwXIfr>) and X (@pdanieltherapy). You're welcome to follow me, but I am unable to follow you back. Please do not use the messaging features on these accounts for therapy-related communication. Both accounts show my email address, phone number,

WhatsApp Business link, and website, so you can contact me through any of these methods.

Out of hours

I am unable to offer an out-of-hours service. If you are in crisis or danger, contact your GP during working hours, or call 111, option 2 (UK only).

Insurance

I hold professional indemnity and liability insurance that covers work internationally, excluding the United States and Canada.

GP

I agree to share necessary information for medical assessment, investigation and treatment with my GP if my therapist deems it necessary. If there is any risk of harm, our GP will also be informed.

GP Name

GP Address

GP Tel no.

GP email address

Emergency contact details

By signing this contract, I agree that during its term, in the case of an emergency, Pedro Daniel, as a psychosexual and relationship therapist, has my permission to contact the person named below.

Name

Address

Tel no.

Relationship to emergency contact

Therapist and Client Agreement

(I do not wish to be contacted via telephone, email, text - please circle)

I will keep a copy of this contract for my own records.

Client Name

DOB

Signed (client)

Date

Tel no.

Email

Adress

Therapist Name **Pedro Daniel**

Signed (therapist)

Date