



THERAPY AGREEMENT

This agreement outlines essential information as part of your treatment.

All therapy sessions are confidential, there are a few exceptions to this rule which state that I am required by law to break confidentiality in cases of:

- Risk of harm to yourself or others
- If a serious crime has or will be committed
- A court order in regard to any criminal investigation

Each session **lasts 50-90mins**, with the exception of certain presentations/interventions that may require longer, these would be discussed and agreed before the session in question.

If you **do not attend your session within 10 minutes of the agreed session start time**, I will assume that you will not be attending unless you have informed me that you will be late. This may result in me leaving the building and you will forfeit your deposit.

Please do not arrive before your session time as unfortunately I am unable to offer you a place to wait in the event that I am with a client.

The cost of a standard CBT session is £60.00 (50-60 min session).

The cost of an EMDR session is £60.00 (60 min session) or £80 (90 min session).

Upon booking your first session I do ask for a deposit of £30.

If you need to cancel or rearrange your session **48 HOURS' NOTICE** is required. If you do not give this notice, you will forfeit the fee of the deposit. Unfortunately, there are no exceptions to this as the fee has paid for my time, the room hire and any resources that may be used during the session.

If the deposit is not used this will be returned to you at the end of therapy, which can be used for payment towards your final session.

PLEASE NOTE: Payment for the session is **REQUIRED ON THE MORNING OF AND PRIOR TO YOUR SESSION**, preferably by bank transfer details of which I will send to you.

I keep records of each session which you are able to view upon request, I am required by insurers to keep these records for seven years before being securely destroyed. Records are stored confidentially within a locked cabinet that only I have access to.

As part of my accreditation with the BABCP I am required to have regular clinical supervision to ensure that I am delivering therapy safely and effectively to ensure that you are receiving the best treatment. Your identity remains anonymous during supervision.

Please note that I am contactable by telephone or email - any contact made outside of office hours will not be seen or responded to until the next available working day.

PLEASE NOTE THAT WE ARE NOT A CRISIS SERVICE.

Helpful contacts in the event of a crisis are:

Your GP

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The mental health Crisis Line (24 hours) 0800 953 0110

Samaritans on 116 123

Text SHOUT 85258

In the event of an emergency please call 999 or ask someone to take you to A & E

FULLY COMPLETE YOUR DETAILS AND SIGN THE AGREEMENT ON THE NEXT PAGE >>>>



THERAPY AGREEMENT

Please fill in all details below, then sign and date this agreement.

Client name:	<input type="text"/>
Date of birth:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Telephone number:	<input type="text"/>
GP name:	<input type="text"/>
GP address:	<input type="text"/> <input type="text"/> <input type="text"/>
GP tel no:	<input type="text"/>
Emergency contact name:	<input type="text"/>
Emergency contact tel no:	<input type="text"/>
Relationship to you:	<input type="text"/>

IF YOU DISCLOSE THAT YOU ARE ACTIVELY SUICIDAL IT IS NECESSARY FOR ME TO CONTACT THE EMERGENCY SERVICES AND PROVIDE RELEVANT INFORMATION.

BY SIGNING THIS FORM, YOU CONSENT TO THIS COURSE OF ACTION AND ALSO CONSENT TO YOUR NOTES BEING SECURELY STORED FOR 7 YEARS.

Client's name:	<input type="text"/>
Client signature:	<input type="text"/>
Date:	<input type="text"/>

Therapist name: **Jessica Baines**

Therapist signature: 

Date:	<input type="text"/>
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