**ELE SMITH PSYCHOTHERAPY CONTRACT**

**CLIENT INFO**

Please fill out the below table (for couples please fill out one form each)

|  |  |
| --- | --- |
| Full Name |  |
| Telephone |  |
| Email |  |
| Home Address |  |
| GP Name, Address, Telephone |  |
| Next-of-kin Name and Relationship |  |
| Next-of-kin Telephone |  |

**CONFIDENTIALITY**

All sessions will be conducted in confidence.

The confidence will be maintained and applied to all records. I have the right to break this confidentiality agreement if you yourself request that I do so, or:

* You tell me you may imminently harm yourself or others.
* There are indications that a child is at risk.
* I am compelled to do so by a court of law.
* You require emergency treatment, and I must speak to your GP and/or the person whose details you have given to me as your emergency contact.

To ensure best practice, I am required to be in regular clinical supervision with a fully qualified UKCP registered supervisor.

Our work is conducted within the security of the therapy room, or virtual room, and the professional relationship. It is not possible for us to develop any other form of relationship.

I work in accordance with the Codes of Ethics and Practice of the U.P.C.A (Universities Psychotherapy & Counselling Association) and UKCP (United Kingdom Council for Psychotherapy), with whom I am registered. All professional bodies have ethical codes with which I must comply.

**FEES**

Fees are charged at an hourly training rate of £50 for individuals and £70 for couples. I issue invoices monthly.

In the rare case I have availability for bi-weekly sessions rates increase to £60 for individuals and £80 for couples. Biweekly sessions are considered on a case-by-case basis.

**CANCELLATION POLICY**

By Client – if sessions are cancelled with 48 hours’ notice no fee will be due. If less notice is given the full therapeutic fee must be paid.

By Therapist - you will be informed as soon as possible if I will be absent, and no fee is due. Sessions will be rearranged or recommence the following week at the usual time.

**DATA PROTECTION**

All data is stored to comply with the General Data Protection Regulation (GDPR). No personal data will be disclosed to a third party unless you have given written permission for this to happen. The only circumstances in which I may share data with other agencies without your full consent would be if there was an immediate risk of substantial harm to yourself or others; a legal requirement e.g. terrorism, money laundering; or for a court order. Any session notes I keep are handwritten or typewritten. You must keep me informed of any changes to your biographical details.

If there were a data breach, and any risk to your rights and freedoms because of this, I shall notify you and notify the Information Commissioner’s Office (ICO) no later than 72 hours after realising that the breach has occurred.

**COMPLAINTS**

If you have any complaints about my handling of data, you can contact the ICO: 0303 123 1113.

Complaints about me related to any professional or clinical issues should be addressed in the first instance to my Clinical Supervisor, Dr Niklas Serning, niklas@serning.com. If, for some reason, you are unable to contact my supervisor, please contact the Clinical Coordinator at the New School of Psychotherapy & Counselling, placements@nspc.org.uk

I confirm that I understand the information detailed within this contract, and consent to the terms and conditions described.

**Psychotherapist’s signature** …………..………..………**DATE** …………

**Client’s signature** …………………………………..……..**DATE** …………