**Client - Therapist Contract**

Welcome to my practice. This document contains important information about my professional

services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them now or at our next meeting. Once you sign this, it will constitute a binding agreement between us. I apologise in advance if some of it sounds overly legal. It is written in “legalese” an unfortunate consequence of the litigious society in which we now live.

**Psychological Services**

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the therapist and the client and depending on the particular problems that the client brings. There are a number of different approaches that can be utilised in therapy to address problems. Psychotherapy is not like visiting a medical doctor, in that it is a two way process and it also requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home.

Psychotherapy, like everything in life, has both advantages and disadvantages. Sometimes psychotherapy involves recalling and talking about unpleasant events or circumstances in your life. Because of this, you may experience uncomfortable feelings like sadness, guilt, anxiety, anger, frustration, disappointment, loneliness or helplessness. Psychotherapy also has been shown to have benefits for people who undertake it, often leading to a significant reduction of feelings of distress, better relationships, and/or the resolution of specific problems. But, as with most things in life, there are no guarantees about what will happen.

Our first few sessions will involve an evaluation of your needs. By the end of the evaluation, I will be able to offer you some initial impressions of what our work may include and initial treatment plans and possibilities. If you decide to continue, you should evaluate this information along with your own sense about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. If you have questions about my procedures, we should discuss them whenever they arise. If your doubts persist, I will not be offended and am happy for you to look for another therapist and will try to assist you in finding one if I can.

**The Therapy Process**

Initially, we will meet to evaluate the problems that bring you to therapy and I will give you some

impressions of the kind of treatment that could be helpful to you. If you do decide to work with me, we will develop goals and work on the changes that you aim to achieve. We will decide on a regular schedule of meetings, usually one session a week or a fortnight. If you can’t invest this much time and money, other frequencies can be discussed, but please note that it is beneficial to give therapy a good amount of attention. You may discontinue therapy at any time, though I strongly encourage you to discuss it with me first.

**Fees**

Meetings are charged at £80 per 50 minute and £120 per 80 minute session, for individuals as well as for couples.

Fees to be paid on or before the day of the session by cash, PayPal or bank transfer. If you are privately insured, please check in advance with your provider if you will be fully or partly reimbursed. I personally do not deal with insurance providers, this would be your responsibility. Couples therapy is not usually covered by insurance companies, sex therapy varies depending on your personal arrangements with your provider. Most companies will not cover more than 6 sessions.

Annually my fees may increase due to inflation and the cost of living. I will inform you in advance of any increase in fees. Services you may request outside of regularly scheduled appointments such as: report writing, telephone conversations which last longer than 10 minutes, attending meetings or consultations with other professionals which you have authorised, preparing records or treatment summaries, or the time required to perform any other service will be charged at the same rates per time slot. In the unusual circumstances, you may become involved in a litigation, which may require my participation, you would be expected to pay for the professional time required even if I am compelled to testify by another party. Because of the complexity and difficulty of legal involvement, I charge £150 per hour to prepare for, travel to, and attend at any legal proceeding.

**Cancellation policy**

There will be no charge if more than 48 hours’ notice of cancellation is given. If a session is cancelled within 48 hours (including non-attendance due to illness or adverse weather conditions), an alternative appointment during the same week will be offered, if this cannot be arranged, the full fee will be charged. Please arrive on time for your session and not too early or too late, as the booked sessions have a fixed time slot that won’t be extended if you are late. Please consider whether you agree with these terms, so that no inconsistencies arise later.

. If you cancel at short notice and I cannot fill that time slot, then my costs continue. I will therefore reserve the right to charge my full fee for short notice cancellations (less than 48 hours before the booked session).

**Contacting me**

Due to my work schedule, I am often not immediately available by telephone. I will not answer the phone when I am with a client. When I am unavailable, my telephone is answered by my voicemail. Very occasionally messages are sometimes missed. I will make every effort to return your call within 24 hours, except on weekends and holidays. If you are difficult to reach, please provide me with some times when you will be available. If you cannot reach me, and you feel that you cannot wait for me to return your call, you should call your family physician, psychiatrist, or the emergency room at the nearest hospital and ask for the psychiatrist on call. Should you decide to contact me, be it via telephone or email, please note that this is not a secure means of communication and you are accepting the general risk associated with transmitting personal information over the internet or phone that is beyond my control. I will make every reasonable effort to maintain email/electronic/phone call security.

**Confidentiality**

Your therapy will include talking over very private things with me. To some extent my ability to

help you will depend on how open you can be about yourself – your ideas, feelings, and actions.

So that you can feel free to talk openly with a psychotherapist and so that your right to privacy is protected, the law makes it a psychotherapist’s duty to keep patient information confidential. This means that, with some very limited exceptions (some noted below), I cannot reveal information about you to anyone else or send out information about you without your permission. If we become involved in couple’s therapy (where there is more than one client), and you want to have my records of the therapy sent to someone, all adults involved will have to sign a release.

If you ever want me to share information with someone else (for example, your GP), I need to ask that you sign a written consent that meets certain legal requirements. There are other situations that require only that you provide written, advance consent. Your signature on this Agreement provides consent for those activities, as follows:

**Minors**

If you are under sixteen years of age, please be aware that the law may provide your parents the

right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. However, before giving them any information, I will, if possible, discuss the matter with you.

**Exceptions to Confidentiality**

There are exceptions to confidentiality that you should know about. Please note that while most of

these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If you threaten to severely harm someone else or yourself, I am required to take steps to inform the intended victim and appropriate law enforcement agencies.

2. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.

3. If a court of law orders me to release information, I am required to provide that specific information to the court.

4. If you have been referred to me by a court of law for therapy or testing, the results of the treatment or tests ordered may have to be revealed to the court.

5. If you are or become involved in any kind of lawsuit or Government procedure , where the issue of your mental health is involved, you may not be able to keep your records or therapy private .

6. If you see me in couples therapy, I ask that each member of the therapy promise to

keep whatever happens in treatment confidential. However, I cannot guarantee that others will keep

this agreement.

7. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.

8. In order to provide you the best treatment I can, there will be times when I may seek consultation from another licensed mental health professional. In these consultations, I make every effort to avoid revealing your identity. The consultant is also legally bound to keep the information confidential, although the exceptions to confidentiality apply to them as well.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that we discuss any of your questions or concerns as soon as possible. The laws and rules on confidentiality are complicated. Please bear in mind that I am not able to give you legal advice. If you are in a situation in which you need advice regarding special or unusual concerns, I strongly suggest that you talk to a lawyer to protect your interests.

**Special Situations: Separation, Divorce, and/or Custody Disputes**

Of course, all situations are not the same and we will have an opportunity to talk about your specific situation prior to any other course of action.

If we are working together in therapy and you are involved in a divorce or custody dispute, I will

not provide testimony in court on any subject other than your therapy. You must hire a different mental health professional for any evaluations you require. This position is based on the following: (1) my statements may be seen as biased in your favor because we have a therapy relationship;

(2) most, or even all, of the information I have about you has been provided by you and I do not have independent information about parenting or custody; and

(3) my testimony might affect our therapy relationship, and I must put this relationship first.

I encourage you to ask any questions you have about therapy, about my professional background, and about what you have read in this agreement. In the unlikely event that problems arise during treatment that we cannot resolve together, I can refer you to other therapists for a consultation.

**Patient-Therapist Contract**

Your signature here below indicates that you have read and understood the Patient-Therapist Contract:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of client 1 Date of birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of client 2 Date of birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address(es) of client(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address(es) of clients(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred from/ heard about my practice

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client 1 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client 2 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s) or Guardian if client is a minor Date

Please sign below to give permission for me to contact your referring GP or health care professional so that I may contact them by letter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) and date