

## Therapy and Clinical Supervision Agreement

This agreement has been updated in line with GDPR legislation May 2018.

### Definitions

**Therapy** here refers to any of the professional services that I am qualified in and provide for you at your request for your wellbeing and personal development. This could include trauma therapy, spiritual counselling, energy healing work, hypnotherapy, interfaith ministry, bodywork, psycho-education and neuropsychological consultancy, either in a singular or mixed-mode form.

### Commencement

Commencing or continuing therapy with me requires that you have read and agreed to this Therapy and Clinical Supervision Agreement.

### Contact methods

You agree to me contacting you via email or text message (SMS). In the event that you prefer that I only use telephone contact, please state this below (and on your Client Intake form where relevant).

### Session duration

Sessions are of 60 minutes' duration unless longer is agreed.

### Reviews

We will review sessions regularly which may be on your demand or as I find appropriate. You are not tied into any long-term commitment and you may end sessions at any time, although one ending session is recommended. If I consider your needs are beyond the limits of my competence I reserve the right to terminate our contract. I shall discuss this with you in the session and onward recommendations, if possible, may be provided.

### Confidentiality

Your personal information is kept securely. Information will be shared with my clinical supervisor who is accredited with a professional body. In line with UK law and my ethical codes, confidentiality will only be breached if I have concerns that you or anyone else is at risk. If this occurs, I aim to discuss these with you and any recommendations will be documented. As an accredited member of the Complementary and Natural Healthcare Council (CNHC), the General Hypnotherapy Standards Council (GHSc), the Interfaith Ministers' Association (IMA) and the Newton Institute (TNI), I adhere to their ethical framework and guidelines to ensure that you receive a professional and competent service.

### Information I collect about you and how I use it

Upon starting therapy, basic personal information will be collected for contact and identification reasons. This is as a minimum your full name and email address, and may also include your postal address, mobile phone, date of birth and GP details if you are willing to share them. My client intake form contains other sections that you are under no obligation to fill out, but you may voluntarily choose to do so. All the information from the intake form remains on file. It is possible that notes are taken during sessions, which may include some personal and sensitive details about your life. The intake form and any other notes I take are used solely to support the services offered to you.

### Your rights

You have rights relating to the information I hold to verify the accuracy. Beyond my personal notes any details held about you and are for my own use and not shared. You have the right to request a copy of any information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days. You may already have any emails we have exchanged within your own possession. I want to make sure that your information is accurate and up to date. Please inform me if you change your name, address, GP or phone number.

### How long I keep your information for - data retention

Your information is kept for the time necessary to provide therapy or supervision, and beyond this I hold your details for a period of time following the end of your therapy to comply with any obligations that are placed upon me by my insurers and my accrediting bodies: this is usually 7 years.

### Sharing of data

There may be times where your information needs to be shared with third parties, e.g. a medical professional or specialised therapy colleague. I will explicitly ask for your consent before doing so, and the data will be sent to them securely.

### Security of your data

Information is kept securely and confidentially in line with the Data Retention policy as stated above. Any paper notes are kept in a secure, robust, locked filing cabinet and stored within a secure building. All digital information is stored on a domestic computer, which is password protected and stored within a secure building.

### Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional. As an accredited member of CNHC, GHSc, IMA and TNI, I operate under a strict code of confidentiality.

### Session Payment

Payment must be made at the time of the session either by bank transfer, cash or PayPal. Discount on blocks of sessions is also available when payment is made in advance: 10% discount on 5 sessions; 15% discount on 10 sessions. Such prepaid blocks of sessions expire one year after the date of payment. Full or partial refunds on blocks of sessions are only available in the case where I choose to discontinue the work with you, and the refund will be proportionate to the amount of sessions you have used. Receipts / invoices are available on request.

### Cancellations

24 hours' notice is required to cancel your therapy session without incurring a charge.

### Non-attendance

If you fail to attend a session without notice, the full fee will be required before booking any further sessions.

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1. I agree to be contacted via email / SMS (please delete as appropriate)
  2. I agree to take a copy of this Agreement for my own records

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Client Name

Telephone number:

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Signed (client)

Email:

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Date

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Therapist Name

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Signed (therapist)

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Date