

Agreement and Consent

Name: _____ **DOB:** _____ **Telephone:** _____
Address: _____ **Email:** _____

Contract

- Sessions are held weekly, at an allotted time, for 50 minutes.
- The session fee is £80, payable by cash, cheque or online transfer prior to/on the day of the session.
- Cancellation notice is 48 hours from the time of the session, for Monday and Tuesday appointments, by 12 midday Saturday, otherwise the full fee is charged. Where possible, sessions can be rearranged, please ask.
- Please provide as much notice as possible for holidays.
- You will gain the most from this experience by regular attendance, being open and curious and working with the process outside of the sessions.

Confidentiality

- Sessions are confidential, shared only between client, therapist and clinical supervisor.
- UKCP Safeguarding procedures are adhered to (<https://www.psychotherapy.org.uk/wp-content/uploads/2017/03/UKCP-Safeguarding-Protocol.pdf>).
- Confidentiality will be broken if there is risk of danger to the client or anyone else disclosed.
- Breaks in confidentiality, where possible, are discussed with clients first, unless this puts the client or anyone else at risk.
- Confidentiality will be broken without consent if relating to terrorism or drug money laundering.
- Permission needs to be gained from the child for information to be shared (see “NSPCC Gillick Competency” <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines>).
- Themes, not content, of children’s sessions may be shared with parents/school to facilitate the process
- Meetings with a qualified Supervisor are attended monthly to discuss best practice. Client confidentiality is maintained.

Record Keeping

- Brief written session notes are kept with no personally identifiable details and stored in a locked cabinet.
- Personal information is kept separately and stored securely.
- In line with legal requirements, adult records are kept for a minimum of 7 years after the last appointment.
- Children’s records are kept for 7 years after they reach the age of maturity (i.e. 18).
- Clients have rights to see the written notes, please do not hesitate to ask.

By signing this Agreement you are consenting to the above contract, confidentiality and record keeping procedures.

Signed: _____

Print Name: _____ Date: _____

For Children:

I, _____, give my consent for Dawn Rosser, Psychotherapist, to work with my child,

_____ Age/DOB: _____ .

Signed (Parent / Guardian): _____

Print Name: _____ Date: _____