

## 1 Location of Therapy

*Sessions are held at: (Delete locations that do not apply)*

*Anderida Practice, Lower Road, Forest Row, East Sussex, RH18 5EZ*

*85 Wimpole Street, London, W1G 9RJ*

*The Gestalt Centre, 15-23 St Pancras Way, London, NW1 0PT*

*I also offer sessions on the telephone or on-line.*

*On rare occasions I may ask to change the location and/or time of your therapy session.*

## 2 Appointments/Sessions

*Consistency and containment of weekly regular appointment times is essential for therapeutic progress. Your appointment time is agreed with you and is usually conducted once every week on the same day and time unless otherwise agreed. Each session will last 45-50 minutes unless otherwise agreed. No additional time can be given at the end if you are late for the session. Sessions are for your use only and are non-transferable.*

## 3 Fees and Payment

*Fees are payable monthly in advance. If you start therapy midway through the month I may also ask for the next month to be paid before we begin. There is also a one-off retainer charge. The retainer is the value of two sessions and can be used when ending therapy. You can keep the retainer for later use for up to a year after you end therapy. It is non-refundable should you choose not to use it. Charges will be made on a pro-rata basis for any reports that I may be required to write or to read in connection with your therapy, or for any contact with your GP, psychiatrist or solicitor.*

*Ad hoc sessions required from time to time can be booked and paid for using my on-line booking system. Invoices or receipts can be given on request. Fees are reviewed periodically with advance notice of any increase.*

## 4 Cancellations and missed appointments

*Your appointment is reserved at a particular time each week specifically for your use. Therefore, any sessions cancelled or missed with less than one calendar month's notice will need to be paid for in full. After that a charge of 50% normal session rate is made where you are able to give more than one calendar month's notice. I am not able to reschedule cancelled or missed appointments.*

## 5 Holidays and Sickness

*I will take holidays during the year and will inform you of the dates in advance. If I am sick and cannot carry out a session with you, I will inform you by text or email unless I am not well enough to do so, in which case you will be contacted by my therapeutic executor.*

## 6 Notice to end therapy

*Ending your engagement in psychotherapy is an important process in itself. In normal circumstances ending of therapy is discussed and agreed between us. Please expect to give at least 4 weeks' notice to end your therapy. If the therapy has been short term, 12 sessions or less, we can negotiate a shorter notice period. I will suggest regular reviews of how your therapy is serving you to give you the opportunity to reflect and give feedback.*

## 7 Contact

*If I need to contact you I will do so using the preferred contact information you agree to give me. To protect your privacy and maintain a safe and consistent therapeutic frame I will only engage with your treatment in the contained space of your therapy session.*

## 8 Confidentiality

*Your sessions with me are strictly confidential except in the situations indicated below:*

- Where there is risk of harm to yourself or to others*
- In meetings with my supervisors who are also bound to confidentiality.*
- Where I am compelled by a court of law to disclose information about your therapy.*
- In the case of non-payment of fees should it lead to legal action*
- When you specifically request I have contact with referring therapists, your GP or Psychiatrist.*

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## 9 Process Notes and Supervision

*You agree to me keeping personal process notes of our sessions. Process notes do not identify you and are strictly for my own use to help me with my work. I may use process notes when I see my supervisors. The professional regulatory bodies of which I am a member (UKCP, BACP, UKAHP, COSRT) require that my clinical practice is supervised in order that my clinical competence and ethics are monitored. Your full identity is never divulged in supervision sessions and my supervisor is bound by the same codes of confidentiality as I am.*

## 10 Research and Case Studies

*I sometimes write about my cases to develop my clinical practice. In such instances I always anonymise, use composites, or fictionalise key aspects to ensure the case is untraceable to an individual or couple.*

## 11 Recording of Sessions

*Sometimes sessions are recorded to monitor my ethical practice and skills and for on-going training and CPD purposes. Particularly in EFT therapy sessions are recorded as part of the reflective process in giving you the best possible service. As part of this, recorded clips may be used:*

- In supervision sessions (Supervision may be 1-1, in a group, face to face or online.)*
- In the therapist's CPD training groups (this may be accompanied by a transcript of the clip).*
- In EFT clinical practice and for certification with ICEEFT and BEFT*

*The above persons are bound by similar confidentiality and ethical standards as myself. Recordings are securely kept and deleted when no longer needed for the purposes above.*

## 12 Records and Therapeutic Executor

*Your records are kept electronically and securely with password protection for a period of 7 years after you finish your therapy. No one except me has access to your records. In the event of my death or sudden cessation of my practice due to disability or other unforeseen circumstances, my therapeutic executor, a professional colleague bound by the same codes of conduct as myself, will take responsibility for my affairs and your welfare. My therapeutic executor will have access to your records for safekeeping purposes.*

## 13 Ethical Standards

*I abide by the ethical code of practice of the United Kingdom Council for Psychotherapy (UKCP), British Association of Counsellors and Psychotherapists (BACP), the United Kingdom Association of Humanistic Psychology Practitioners (UKAHP) and the College of Sexual and Relationship Therapists (COSRT). These standards are available at [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk), [www.bacp.co.uk](http://www.bacp.co.uk), [www.ahpp.org](http://www.ahpp.org) and [www.cosrt.org.uk](http://www.cosrt.org.uk)*

## 14 Psychotherapy

*Psychotherapy is most effective when there is a good therapeutic relationship between client(s) and therapist, irrespective of the modality used. In any event, psychotherapy will vary according to the personalities of the psychotherapist and client(s) and the nature of the circumstances bringing you to therapy. Different models and techniques may be used in helping you with the issues you present. Successful therapy usually depends on your willingness to commit to attend appointments regularly and to engage actively, adopting an inquiring attitude to yourself.*

## 15 Risks and Benefits of Psychotherapy

*Psychotherapy has benefits and risks. Since therapy may involve discussing unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, psychotherapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress and anxiety. There are no guarantees of what you will experience. However, most people benefit and feel empowered by regular psychotherapy work. You are responsible for your own well-being and health physically, emotionally and psychologically during sessions and afterwards. As mentioned in Section 6 above, I will suggest regular reviews of how the therapy is working for you.*

## 16 Therapeutic Relationship

*The therapeutic relationship is intended to be healing, supportive and sometimes challenging. There may be times, as in any human relationship, when things feel difficult and it seems hard to persevere. These times, if worked through in the sessions, can promote growth and enhance life. You accept the need to have the intention of seeing things through in such circumstances.*

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**17 When Therapy is Inappropriate**

*You agree not to attend an appointment under the influence of non-prescribed drugs or alcohol and to not bring babies, children or pets unless by prior arrangement. When this is not observed, the session will most likely be terminated and charged as usual. Additionally, if you pose a threat to my wellbeing the session will be terminated and charged.*

**18 Couples Therapy**

*In couple's therapy your relationship is my client and both of you will need to be present. However in the beginning stage of your relationship therapy I usually schedule individual sessions with each of you as part of the therapy. If you attend a couple's session without your partner and without prior arrangement, the session will most likely be cancelled and charged. If you are currently in couples therapy with your partner, it may not be possible for either you or your partner to engage concurrently in individual sessions with me in the same period, unless this is arranged as part of the therapy. After you have concluded couples therapy, individual therapy with either of you, but not both, can be discussed but may not necessarily be possible.*

**19 Spouses, Partners, Children and Family Members**

*You may discuss the possibility of inviting your spouse, partner, child or family member into one or more of your sessions. However, you accept that it may not be possible for your spouse, partner, child or family member to engage in concurrent individual psychotherapy with me. If at another time your spouse, partner, child or family member would like individual psychotherapy with me, that can be discussed but may not necessarily be possible.*

**20 Social Media and Internet**

*I will not engage with you, or any former client, on social media and will not normally conduct any internet searches on you, unless, in extreme circumstances such as if I am unable to find you in a situation in which there may be danger or risk. This is a policy decision to respect your privacy and maintain a healthy boundary around my working life.*

**21 Changes to the Contract**

*I reserve the right to vary these conditions when necessary.*

**I / We agree to the above Terms & Conditions**

Signed by the Client(s):

Name(s) (block capitals please):

Date:

Signed by the Client(s):

Name(s) (block capitals please):

Date:

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Signed by the Therapist:

Name (block capitals please):

Date: