

Client Information

Contact details

<i>Title/Name/Surname</i>	
<i>Date of birth</i>	
<i>Address</i>	
<i>Landline</i>	
<i>Mobile</i>	
<i>Email</i>	

Tick box if you agree to email correspondence to you 1) for administrative reasons (e.g. arranging appointments, sending invoices) and 2) therapy-related reasons (e.g. sending worksheets, therapy handouts, etc.)

Additional Information

<i>Next of Kin / contact name (in case of emergency)</i>	
<i>Relationship</i>	
<i>Tel. number & address</i>	
<i>GP Name</i>	
<i>Tel. number & address</i>	

Payment for services

Unless we agree otherwise payment is expected either by bank transfer before the session, or by cash at the session. Sessions cancelled with less than 24hrs notice, will be charged at the normal rate.

If payment is expected from a third party (e.g, insurer / employer), please provide proof of authorisation before treatment begins. You will be responsible for payment of any invoices due, until these are clear by the insurance company/employer.

Please provide below the name and address where you would like invoices to be sent to, or leave blank if self-funded.

<i>Name / Designation of Payee (E.g., Insurer / Employer)</i>	
<i>Policy Number</i>	
<i>Authorisation Number</i>	
<i>Telephone Number</i>	
<i>Address</i>	
<i>Notes</i>	

Therapy Agreement

This agreement is between Suzan Preston-Eyles and any clients receiving psychological input from her.

Session Duration: Sessions take approximately 50 minutes and are charged at a fee agreed at the start of treatment.

Session Payment: Must be made in advance or at the session either by bank transfer or cash. Receipts/invoices are available on request.

When therapy is covered by medical insurance, the client is responsible for making the therapist aware of any excess, and covering any costs not met by the insurer.

Cancellations: 24 hours' notice is required to cancel your therapy session without incurring a charge. If your appointment is on a Monday, please cancel on Friday. If less than 24 hours' notice is provided, you will be charged the full cost of your session.

If a health or insurance company is paying for your treatment, they may make you liable for the charge. Your treatment sessions could be suspended dependant on their policy.

Non-attendance: If you fail to attend a session without any notice full payment for that session will be required before booking any further sessions, and your file will be placed on hold.

Reviews: We will review sessions regularly approximately every five sessions to ensure you are getting the most out of therapy. You are not tied into any commitments and you can end sessions at any time. If I consider your requirements beyond my competence I reserve the right to terminate our contract, this will be discussed in the session and recommendations would be provided.

Confidentiality: Your therapy and personal information are kept securely. Information but not names will be shared with my supervisor who is also BACP accredited and who regularly reviews my practice. Confidentiality will be broken if I have concerns that you or anyone else is at risk. If this occurs, it will be discussed in the session and recommendations will be discussed and documented in your notes.

As a fully accredited member of the BABCP, I adhere to their ethical framework and guidelines to ensure that you receive a professional and quality service.

Information we collect about you and how we use it: Upon starting therapy, basic personal information will be collected for contact and identification reasons. During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. These will include personal and sensitive details about your life. The assessment and notes are used solely for the delivery of a therapy service to you.

Your rights: You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated or corrected. You have the right to request a copy of the 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.
We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

How long we keep your information for - data retention: Your information is kept for the time necessary to provide the therapy service requested, however outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers. In the case of a child under 13 then records will be kept 7 years after they reach the age of majority (18). After this date, all data will be securely deleted.

Sharing of data: There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

Security of your data: Information will be kept securely and confidentially in line with the data retention policy as stated above.

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 the BACP I operate under a strict code of confidentiality.

Therapist and Client Agreement – Signatures

Client / Date:

Therapist / Date:
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