

**Therapy Agreement**

The following document provides information regarding the practical side of attending therapy and forms an agreement between you and your Psychologist.

**Treatment Goals**

**Treatment Plan-** treatment approach, frequency and number of sessions agreed

**Treatment arrangements**

Day ..... Time.....

Location.....

Psychologist Name and Contact Details.....

**Client contact details**

Mobile.....Alternative phone number.....

Consent to speak to another answering the phone: Yes/No

Email .....

**GP details** .....

**Emergency contact details** .....

**Fees and Payment:**

**Funding through Health Insurance:** Please check the terms and conditions of your policy prior to booking an appointment. Authorisation from your Insurance Provider may require a referral for Psychological assessment/treatment from a Medical Health Professional. Before your Psychologist can book an appointment they will require a pre-authorisation code so that payment can be processed accordingly.

If there is a delay in payment, or the full cost of your session is not covered by your Health Insurance, you will be required to pay for the shortfall in cost or pay for the full session fee. As soon as payment is received from your Insurance Provider this amount will be refunded directly to you.

**Self funding:** If you are paying for assessment and treatment yourself, payment is required on the day of your session. The payment method will be agreed with your

Psychologist when you arrange your initial appointment. If payment is not received on time further sessions may be put on hold until payment is made.

### **Service Fees**

- The initial assessment session will last 60-90 minutes and will be charged at £90
- Treatment Sessions last 50 minutes and will be charged at £90-£100.
- Extended Treatment Sessions will be charged on a pro-rata basis.
- Family and Couples therapy may be charged at a higher rate if you are seen by two Psychologists.
- Any other service fees - If you require us to produce letters or reports about your treatment with us these will be charged on a pro-rata basis.

### **Therapy Appointments and Cancellations**

Once an agreement is made to work together, your treatment sessions will be booked on a weekly basis, typically on the same day and time. As such, if you are running late it will not be possible to extend the length of your appointment beyond the agreed finish time.

If you are unable to attend an appointment please contact us as soon as possible, with at least 24/48 hours notice. If there is less notice, or you do not attend your appointment, the full session fee will still apply. In the event of a serious incident or emergency we will endeavour to take individual circumstances into account. Please note that your insurance provider may not make payment for missed appointments (unless there is 48 hours notice) and you will be liable to pay for the full cost of the session. Your Psychologist will aim to give you as much notice as possible in the event of unforeseen circumstances that may require your session to be cancelled. You will not be charged for this session.

### **Confidentiality and Privacy Agreement:**

In order to undertake our work as Psychologists you understand that we need to collect and record some of the personal information you share with us. The information includes your contact details (specifically your name, contact details, address, GP details and details for your nominated emergency contact), information relating to payment, and also information in the form of session notes and written notes for supervision purposes. You are aware that your sessions are confidential and your personal information will not be shared to third parties without informed consent. However, you understand that if there are concerns regarding risk to yourself, to children or others that information may have to be shared without your consent. If this need arises, your Psychologist will endeavour to discuss this with you first wherever possible. Your personal information will be stored in the strictest confidence, and we are registered with the Information Commissioner's Office (ICO) who ensure your personal information is stored securely and in line with legislation.

Information stored in digital format will comply with GDPR and Data Protection. All written notes will be kept in lockable cabinets in each Psychologist's office. At the end of your treatment, your information will be stored for 7 years, this is in accordance good practice guidance from the professional organisations we are registered with and our insurance company requirements.

You are aware that at Progression Psychology we act as each others Clinical Trustees. As such, in the event of an emergency where your psychologist is unable to contact you personally, your contact details will be passed on to another psychologist in our team who will get in touch. This person would also have responsibility for protecting your personal information in adherence with the requirements outlined above.

### **Supervision**

In accordance with the guidelines of our professional regulatory bodies, and in accordance with good practice, we at Progression Psychology Practice we are committed to receiving supervision of our work with an accredited supervisor. Supervision adheres to the same confidentiality and data protection standards outlined above.

### **Recording**

We may discuss with you the option of recording your sessions to support supervision of our work with you and our ongoing commitment to professional rigour. You do not have to agree to your sessions being recorded but, if you do, recordings will be managed in accordance with the confidentiality and data protection standards outlined above.

You are not permitted to record sessions until discussed and agreed with your Psychologist after which overt recordings may be permissible. Covert recordings would be considered a breach of contract.

### **Contact between Sessions**

It is agreed that contact with your Psychologist between sessions will be limited to discussing appointment arrangements and that this will be done via email, text messages or telephone.

You understand that between sessions your Psychologist will not be able to engage in detailed discussions with you about your work together, and you agree will not attempt to contact with your Psychologist via Social Media or at any public events they are attending.

Please sign below to confirm that this document has been discussed with you and and any queries have been clarified.

By signing below acknowledge and agree with the information detailed in this document.

Name:

Date:

Psychologist Name

Date:

**A copy of this contract will be kept in your confidential file**