

Therapy Agreement

- 1) The initial agreement is to meet for sessions. This will give you and I chance to assess how the relationship is working out. If you decide to end the sessions, please let me know so we can arrange ending session.
- 2) Sessions cost £25 per session. This is subject to review periodically and I will notify you of any increase well in advance.
- 3) The therapy session will last for 55 minutes, meeting weekly at the same day and time, unless agreed otherwise.
- 4) If you are late, the session cannot be extended.
- 5) The fee is payable for cancelled sessions, unless sufficient notice (24 hours) is given. Please let me know as soon as you can in exceptional circumstances. I will follow the same procedure if unable to attend a session.
- 6) The first session is used as an opportunity to clarify your reason for coming to therapy and for me to take some personal history and details, including any details of prescribed medication.
- 7) Everything you and I discuss in the sessions together is confidential except:
 - (a) where, in my opinion, there may be a danger to yourself or others
 - (b) if you have committed a serious criminal offence or are involved in terrorist activity
 - (c) if a child is being abused
 - (d) if you were abused as a child and there is the possibility of further abuse being committed
 - (e) for the purposes of my supervision (these sessions allow me to gain support & guidance in my work & also to check I am working ethically & competently)
- 8) The sessions may be recorded and brief notes may be taken.
- 9) You will not attend therapy sessions under the influence of alcohol or illegal drugs. If you do, the session will be terminated with the fee for the session to be paid in full.
- 10) I work within the guidelines of the ITA code of ethics. The ITA is a member organisation of UKCP and further information can be found at www.ita.org.uk. This ensures you receive a good service and means I am accountable to a higher national organisation and must work within their guidelines. The ITA has its own complaints procedure (details available upon request).

AGREEMENT

I have read and understood the above information and agree to the conditions for therapy as made clear to me.

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Signed (Client)

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Dated

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Signed (Therapist)

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Dated