



# Therapy Agreement

## 1. Session Duration & Frequency

Sessions are 50 minutes in duration unless longer is agreed. Sessions generally occur weekly at the same time and day but this is open to negotiation. The length of our counselling contract will be negotiated between us. Some clients attend for a few weeks, some for a few months or even years. We will have regular review sessions to discuss how the counselling is going; part of this will be to look at how many more sessions to have.

## 2. Reviews

We will review sessions regularly which may be on your demand or as appropriate. You are not tied into any long-term commitment and you may end sessions at any time, however an ending session is recommended. If I consider your needs are beyond the limits of my competence I reserve the right to terminate our contract; this will be discussed in the session and onward recommendations may be provided.

## 3. Session Location

Sessions will take place via Zoom unless otherwise specified. The Zoom room will be password protected and will be locked so no unauthorised people can enter and disrupt the session. Please ensure you are somewhere quiet with a good internet connection during our sessions, so you can get as much as possible from our time together.

If you and your partner(s) have signed up then both/all of you are expected to be present at all sessions unless explicitly prearranged otherwise. Both partners are expected to arrive on time and stay for the duration of the session.


## 4. Confidentiality

Your therapy and personal information are kept securely in line with UK and EU law, and anything you disclose to me during our sessions is confidential.

w: [www.philiatherapy.co.uk](http://www.philiatherapy.co.uk)

e: [info@philiatherapy.co.uk](mailto:info@philiatherapy.co.uk)

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As a member of CORST I am required to have regular clinical supervision and I will need to discuss our work with my supervisor from time to time. However, I will not disclose anything that would enable you to be identified.

Your confidentiality will only be breached if I have concerns that you or anyone else is at risk. If this occurs, I aim to discuss these concerns with you beforehand and any recommendations will be documented.

I will only share information you share with me if:

- A. I receive written and specific consent from you to do so
- B. This information is easily accessible already in the public domain
- C. I am bound by law to report the information because I deem you to be a risk to others or a risk to yourself, you inform me of child abuse, or to protect the rights, property, or safety of myself or others.

Please note, I will clearly inform you if I need to break your confidentiality and explain why and to whom I will be reporting you

As a member of COSRT I adhere to their ethical framework and guidelines to ensure that you receive a professional and competent service. Any work undertaken not psychosexual in nature is covered by UK law.

## **5. Information I collect about you and how I use it**

Upon starting therapy, basic personal information will be collected for contact and identification reasons. These include full name, address and contact details. For therapy a verbal assessment of your psychological health will be undertaken, this may take a few sessions. It is possible that notes are taken during sessions. These may include some personal and sensitive details about your life. The assessment and any other notes are used solely to support the services offered to you.


## **6. Your rights**

You have rights relating to the information I hold to verify the accuracy. Any notes will be factual and brief, are for my own reflective use and to improve my service to you. You have the right to request a copy of any 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

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the contact details stated in this agreement. Information will be provided to you within 30 days.

## **7. Your Data**

### **Data Retention**

Your information is kept for the time necessary to provide therapy, however outside of this I will hold your details and any brief notes for a period of time following the end of your therapy to comply with any obligations that are placed upon me by my insurers and my accrediting organisation.

### **Sharing of data**

There may be times where your information needs to be shared with third parties e.g. a medical professional. I will explicitly ask for your consent before doing so, and the data will be sent to them securely.

### **Security of your data**

Information will be kept securely and confidentially in line with the data retention policy as stated above. Any paper notes are kept in a secure, robust locked filing cabinet and stored within a secure building. All digital information is stored on a domestic computer, which is password protected and stored within a secure building.

## **8. Session Payment**

Payment must be made at the time of the session either by cash, bank transfer or cheque. Receipts/invoices are available on request. I review my fees every January and I will inform you of any changes at least 4 weeks before implementing them.

## **9. Cancellations**

Sessions that are cancelled or rescheduled less than 24 hours before or not attended will be charged. I will do what I can to accommodate unplanned events but will challenge repeated cancellations or no shows.

If you would like to take a break from your sessions, please inform me in writing at least 7 days in advance. I will inform you of my holidays at least 14 days in advance.

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## 10. Non-attendance

If you fail to attend a session without notice, the full fee will be required before booking any further sessions.

## 11. Disclaimer

While I will do all I can to support you, the nature of personal growth is such that nothing is guaranteed. I am not responsible for you or your actions and I am not providing any kind of warranty. Working with me is entirely at your own risk and may result in transformations in your relationship(s) you deem are unwanted.

## 12. Limitation of Liability

Please be aware that in no event will I, Rachel Seymour, be liable to any party for any direct, indirect, special, or other damages for any use of services or information provided. You assume full responsibility for the use of my services. I am fully insured for professional indemnity & malpractice.

## 13. Satisfaction, refunds, and complaints

My aim is to offer you excellent services that are hugely valuable to you. If you are not happy and want to discontinue this agreement, please send me your concerns in writing and we will work together to find a resolution.

I adhere to the Codes of Ethics and Practice of College of Relationship and Sexual Therapists (COSRT) and National Counselling Society (NCP). If you would like to make a formal complaint about me, these are the accrediting bodies to contact.

*Please sign this document and send me a copy. I encourage you to also keep a copy for yourself.*

Agreed to by:

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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