

The first session is an assessment. An assessment is not therapy, but you might find it therapeutic. I may be able to advise you on the number of sessions needed and am happy to book single appointments or block-book sessions. You can request certain appointment days and times or have flexibility. This will be reviewed at each session if necessary and we agree to an open-ended contract. This means we will both commit to continue the ongoing therapy until you feel the work is completed, with the exception of, if

my situation or yours changes making the contract untenable, then we would agree a suitable number of sessions to close and end the therapy. At any stage of the therapy, it may be necessary to refer you to another professional to meet your needs e.g. General Practitioner or Health or Social Care Specialist.

Confidentiality

I aim to follow BABCP guidelines for confidentiality, which means that all information will be kept safe and confidential at all times, locked in a safe place and held for a minimum of 7 years. Disclosure of information to others will only be made with your knowledge if you, or someone else may be at risk of harm. A risk assessment may be necessary as part of sessions. Your consent to share this information depends on the nature of the disclosure. For children, information sharing and therapeutic work with parents, carers, or guardians is required. Please see my website www.smartcbt.co.uk for my GPDR privacy notice.

I do not store client contact details on my mobile phone so if you make contact please provide your name.

If you are engaging online in any other country clinical guidance and engagement in assessment/treatment is based on UK laws.

As of September 2023 Psychotherapists are instructed to have a Clinical Will. My clinical supervisor is my Clinical Will Trustee who will contact clients in any event that I was unable to, thus your personal contact information would be shared with legitimate interest if required with respect to data protection regulations UK GDPR/DPA 2018.

Therapist Supervision

All professionals working therapeutically have regular supervision to support good practice as required by the BABCP. All clients are presented under a pseudonym to protect their identity.

Complaints

If you are unhappy with the service provided, in the first instance please talk to your therapist. If not resolved please follow guidance on the BABCP website: http://www.cbtregisteruk.com/Contact.aspx

Payment

Therapy sessions are 60 minutes duration. Payment is required before an appointment to secure that appointment and latest on the day of your appointment. Should you require reports or letters to be written, or discussions with other professionals then a charge of the full current hourly session rate per letter, report or conversation will normally apply.

Fees will increase over time and you will be given 2 months warning of any change to fees to make a financial decision to continue or end appointments.

Cancellations/Unattended Appointments

If a session is cancelled with less than 48 working hours notice, a holding fee of the agreed session price is payable on or before the next appointment. This also applies to unattended appointments without contact to cancel. No further session will be booked without payment of the last appointment. I have a procedure to follow in the event of multiple cancellations: if you are unable to attend three arranged appointments in a row before or after assessment I will discuss readiness for treatment with you and consider discharge from my services. If you have not attended an appointment after 3 months then I will write to you to discharge you from SmartCBT+. If returning to SmartCBT+ following discharge the assessment fee applies to your first appointment as it is a reassessment.

Contact

It may be necessary to contact you outside the session times. Please state your preferred method of contact, home telephone, mobile call, text or email.

Equipment

As a service I am keen to share books and other equipment e.g. touchpoints. We also use EMDR equipment in sessions. If these items are used in session or are lent to you and you damage or loose items, you will be invoiced for them. Any items are to be returned before being discharged from the service.

Guidance for remote psychological therapy: Telehealth

My goal is to create a safe and contained space to work with you.

There are a number of different online videoconferencing services available however my preferred service is Zoom as advised by our Governing bodies. This is a free service for you to access and download to you PC, laptop, tablet or telephone. It will enable us to see each other and also share documents.

Please see our website and <u>www.zoom.us</u> for more information on how to access and the resources required.

If we are using Zoom I will send you an email before the session which contains a meeting number and password. When you open Zoom it will ask you for the meeting ID number so that you can join at our agreed time.

Any materials or documents that we may want to use for sessions I will make sure I have emailed them to you.

As with any online platform security and confidentiality is a priority. No online platform is 100% secure. We aim and agree to minimise risk by using safety features on Zoom which are continually being updated.

Please make sure you

- Manage settings in Zoom
- Have virus protection on your device
- Update Zoom before next use to make sure it is up to date and has the highest security settings
- Respect privacy and agree that sessions are not recorded

I ensure that I

- Utilise a randomly generated one-time meeting ID and password for each meeting only sent to the client
- Make use of the virtual waiting rooms as additional security to protect privacy
- Lock meetings when they start

If you request to use an alternative video conferencing platform I will try to facilitate this for you. It is important to make an informed decision about this regarding GPDR compliance. This will be your choice and therefore responsibility if an alternative platform is used and any problems occur.

Identified Areas of Therapeutic Work

Goals of the Therapy

I agree to the above terms and conditions of this contract dated:
Client's name:
Signature:
Address:
Telephone:
Email:
D.O.B
Registered GP:
Signature of parental consent, if required:
Next of kin for emergencies:
Therapist's name:
Signature: