

THE CEDAR THERAPY CLINIC



The Cedar Therapy Clinic

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Therapy Contract

Your terms and conditions is your therapy contract and sets out the principles for your psychological therapy.

Appointment details:

Where? Sessions will be held: via **Virtual Clinic**

When? Sessions will be held weekly on session times emailed

What makes therapy work?

Our Relationship:

Psychological therapy can often be an emotional and challenging process, you may at times feel pushed outside of your comfort zone and may want to end therapy. Your feedback on the process will be asked for regularly and if you feel unhappy or unsure about any aspects of the treatment being offered, please do try to communicate this verbally. This gives both you and your therapist the chance to address and resolve engagement issues. We will want to hear about your experience of therapy and any changes you wish to make so enable you to get the best out of your sessions. Your recovery is our primary concern, and we will do what we can to help you to work towards your therapy goals.

Timing of sessions:

It is important to attend on time to make sure you have the full allocated time. If it becomes difficult to attend on time for any reason, please discuss with your therapist. We ask that you are in a private and confidential space for the duration of your appointment and that you do not bring children (other than babies under 12 months) into therapy sessions. Therapy appointments are currently being delivered remotely via video and due to this, there may be occasions where background noise is audible during your session (e.g., pets, background noise). We endeavour to keep any disruption to a minimum and ask that you do the same.

Endings:

Your therapist will review your progress with you throughout the course of your treatment. Towards the end of therapy, your therapist will discuss with you how to continue making the most of your progress and if you need more support. You can finish therapy at any time, but we recommend that you discuss this with your therapist first to prepare for the end of your treatment.

Communication:

We can contact you by email or phone. Please let us know if you have a preferred method of contact or would like us to *not* use any of the above.

Attendance + Absences:

We find that people achieve best results from therapy if they attend regularly. If you are unable to attend an appointment, please tell your therapist with as much notice as possible. If your therapist is going on annual leave, they will discuss this with you.

Confidentiality:

Everything you discuss with your therapist is confidential. The only time we must break confidentiality without your consent, is if we are concerned that you or someone else is at risk of harm. In cases where we are concerned about risk, we are obliged to share this with relevant external services to ensure your safety and the safety of others.

Payment:

Payment should be made 48 hours in advance of your scheduled session via bank transfer only. Cash can be accepted at the beginning of a face-to-face session. There are no credit/debit card facilities.

Appointment Fees	
Initial Assessment (1hr 15mins)	£120
Weekly Therapy Session (50mins)	£90

Help in a crisis:

We do not offer a crisis service. If you feel at risk of harm to yourself or at risk of harming someone else, please contact your GP's out of hours service, Samaritans on 116 123, dial 999 or present to your local A&E, all of which are there to help.

Any other points

Please use this space to note any other agreements made with your therapist:

Terms and Conditions of Therapy

1. I am bound by the Codes of Ethics and Practice of the British Association of Behavioural and Cognitive Psychotherapists (BABCP). A copy of the code of practice and ethics are available on request, or may be viewed on the BABCPs web site www.babcp.com/Files/About/conduct-ethics.pdf.
2. Subject to me being satisfied that your problem is one that can be alleviated by a therapeutic approach I provide, I agree to offer you weekly sessions, the number of which will be agreed by us both. This is my commitment to you. **You may terminate therapy without further cost at any time you wish.**
3. The normal duration of each assessment is 1 hour and 15 minutes and each regular therapy session is 50 minutes, although I reserve the right to amend that time for therapeutic reasons. If for any reason you are late for a session, I will see you for the duration of the remainder but will be unable to work beyond the allotted time as this will disrupt the clinic for other patients who may be waiting.
4. It is understood that sometimes sudden events, such as emergencies, happen, that may make it necessary for patients to cancel their appointment last minute or fail to attend and are unable to provide notification. On these occasions it is at the therapist's discretion if a fee will be charged. In general, however, if you fail to give less than 24 hours' notice of your intention to cancel or postpone an agreed therapy session or if there is a repeat pattern of cancellations/DNA's I reserve the right to charge in full for that session.
5. Payment should be made 48 hours in advance of your scheduled session via bank transfer only. Cash can be accepted at the beginning of a face-to-face session. There are no credit/debit card facilities.
6. The cost of therapy includes any written materials I may supply but excludes the cost of any books that I might suggest you read.
7. As part of my code(s) of practice I am required to carry out continuing professional development, and to engage in regular on-going clinical supervision. This is to ensure an ethical and professional service to clients. I may discuss your case in supervision but will not use any identifying details.
8. Confidentiality will be maintained within the codes of ethics and legal requirements. Confidentiality does not apply where it would mean that I, as your therapist, might break the law or where withholding information means I would breach the codes of ethics. Confidentiality may be breached if I consider there is a risk you may harm yourself or others. In such exceptional circumstances, where there is concern for your wellbeing or that of others, it may be necessary to seek help outside the therapeutic relationship. In such an event where I am considering breaching confidentiality, you will be consulted first.
9. In the case of a disclosure concerning acts of terrorism, vulnerable adult or child protection issues or drug trafficking, confidentiality will be breached, and such disclosures will be passed onto the relevant authority without delay. Due consideration should be exercised before disclosing anything of a previously unreported criminal nature, as I am obligated to contact relevant authorities.
10. Our therapeutic relationship will always remain a professional one, the boundaries of which (such as contact outside of our sessions) can be agreed between us during our sessions. Please do not attempt to contact me via social media platforms.
11. Notes may be taken during and after each session, which will be kept in accordance with the Data Protection Act (1998). These notes will be securely stored. I will discuss the disposal, retention or otherwise of any such notes at the end of our engagement. They are disclosed to no one other than the clinical supervisor, unless required under a court of law subpoena. Further information can be found in our Privacy Policy.
12. If the agreed payments for therapy are not being paid, then I reserve the right to terminate therapy.
13. I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become clear in the course of the/our work together. This would be fully discussed at that time. Please note any threats or acts of violence will invalidate this agreement and therapy will cease. Sessions will not take place if you arrive under the influence of alcohol or non-prescribed medication.
14. You will be notified of any holidays to be taken by myself well in advance. However, there may also be occasions when sessions may be cancelled because of illness or because of attending training sessions or meetings. I will

try to give you as much notice as possible of any cancellation and will offer an alternative time. Therefore, please notify any change in contact details.

15. If you have been referred by an outside agency, for example a solicitor or insurance company and there is pending civil court case – for example if you have been injured as a result of a road accident, I draw your attention to the fact that under the Data Protection Act (1988) I may be obliged to supply copies of our therapy records to a requesting appropriate party **providing your consent**.

If you have questions about any of the above, or would like more information, please ask your therapist.

Please sign to indicate if you agree to the above. Any changes to the above will be discussed and agreed between you and your therapist.

Client Name :

Client signature:

Date :

Therapist name:

Therapist signature:

Date:

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Client Registration

Please complete:

Full name:

Date of birth:

Address:

Post Code:

Contact Number:

Email:

Registered GP Surgery:

Registered GP Name:

Current prescribed medications:

Relevant health conditions:

In case of Emergency Details:

Name:

Relationship to you:

Contact Number: