

CHOOSE PSYCHOLOGY THERAPY CONTRACT

This document is a contract of therapy between yourself and your therapist. The below document outlines policies and procedures of the service.

CANCELLATION POLICY

You will be offered an appointment time that will remain consistent each week/bi-weekly. When I am unavailable for a session you will be given as much notice as possible.

If you are unable to attend a session please try to discuss during the prior session (due to room scheduling). If you need to cancel a session please provide a minimum of 48hrs notice. If sessions are cancelled prior to 48hrs or with no notice, sessions will be charged at full price, unless there are extenuating circumstances.

CLINICAL RECORD

You have the right to review/receive a summary of your records at any time. This may be waived when it is believed that sharing information will cause psychological harm or if legal circumstances stipulate it. If this does occur records can be provided to a mental health professional of your choosing.

If you have been referred via an insurer then you are required to request all psychological records via them.

An administration fee applies to the release of records.

CONFIDENTIALITY

Everything discussed in session, and all recorded information (including any video/audio files, and written notes) is confidential and may not be revealed to anyone without your written permission.

Exceptions to confidentiality:

If a court of law requests documents pertaining to our sessions (including video/audio files, and written notes) then confidentiality may be waived. If this occurs you will be informed of the process throughout.

Equally if you disclose any information that highlights that you are an immediate risk to yourself or others then a third party may need to be informed such as your GP. Again, if this were to occur you would be informed throughout the process.

CONSULTATION AND SUPERVISION

As a Cognitive Behavioural Psychotherapist accredited by the British Association of Behavioural and Cognitive Psychotherapies (BABCP) it is stipulated that your therapist receives regular supervision and on going clinical training. When clients are discussed their details are anonymised and confidentiality is maintained.

CONTACT

Once you contact Choose Psychology you will receive a response within 48hrs. If you require a response more urgently please contact your GP or a service outlined in the 'emergency' section of this document.

EMERGENCY

Choose Psychology is an outpatient service; therefore it is difficult to offer support out of session times. If you find yourself at point of emergency, including feeling that you are a risk to yourself, a risk to others or you notice yourself becoming acutely unwell there are several options:

- Call your GP and request an emergency appointment
- Call NHS 111 and seek advice
- Attend A&E
- Contact the emergency services on 999 (police or ambulance)
- Call the local crisis team number:
 - Coventry and Warwickshire: 0300 200 0011, select option 1
 - Birmingham: 0300 300 0099, select option 1
 - Oxford and Banbury: call 999
- Call Samaritans (24hrs); 116 123



Dr Charlotte Close
Clinical Psychologist &
Cognitive Behavioural Psychotherapist

07482 523726
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PAYMENT

Telephone and face-to-face sessions are charged at £90 per hour for assessment & treatment. Enhanced assessments are also available for £120 and will include a full report. Releasing of documents is charged at £40 per hour.

Payments should be made following the end of session either by cash or BACS payment.

BACS Details

Name: C. Close

Account no: 00007038

Sort Code: 77-74-59

VIDEO/AUDIO RECORDINGS

It is useful for therapeutic skill development to video/audio record sessions. The recordings are then reviewed during clinical supervision or in therapist preparation time. If you are happy to have your session recorded please fill in the additional consent form.

I, _____ (name) have read the above informed consent agreement for Choose Psychology Services carefully. I understand what is stated and agree to comply with them:

Signature: _____

Signature of parent/guardian (under 18's):

Date: _____

Therapist Name: _____

Therapist Signature: _____

Date: _____