



PSYCHOTHERAPY AGREEMENT

Between: (Insert name) and Naomi West.

Your address:

Phone number I can contact you on:

Email Address:

Date of birth:

Name and Practice Address of your GP:

Names of medications you are taking, if known:

Any illnesses, disabilities or ongoing conditions:

NAOMI WEST
PSYCHOTHERAPY
CLINIC

SUITE 6
4 WHARF STREET
ST. HELIER
JERSEY
JE2 3NR

07797 77 99 49

Firstly, kindly fill in your personal details at the top of this page.

Thank you for taking the time to carefully read through this contractual agreement. It is essential for both the safety and effectiveness of work. We can discuss any issues or questions that arise for you regarding its content.

1. All my work is supervised according to professional and ethical requirements. This means I discuss my work with a qualified registered supervisor. In this process your identity is protected.
2. I am bound by the ethical framework and code of practice of the professional regulatory body United Kingdom Council for Psychotherapy. We wish to treat you with dignity and respect and protect your confidentiality and privacy.



3. The fee we have agreed for your sessions is £ . I review my fees yearly. We have agreed your method of payment (cash/cheque/bank transfer) and the times at which you will pay, as follows:
4. After our initial session, you have agreed to make a commitment to attend **six sessions**, with a review of our work on the sixth session. Should you decide to continue after this, we can build in ongoing review sessions when either of us feel they are needed.
5. The therapeutic relationship is intended to offer you a unique opportunity to be seen, heard and responded to. It is possible that at times you may experience difficult feelings about our work or towards me. If so it is very important that we work together to understand and work with these feelings effectively. Therefore please tell me if you should experience any difficulties in our work.
6. It is understood that there is a commitment by both of us to attending our regular sessions. Should you be unable to attend a session, **it is important you give me as much notice as possible, and a minimum of 24 hours notice is required or the fee will be due.** It's helpful if you can inform me as soon as you realise you will need to change the time of a session, and I will do the same.
7. **When either of us feels it is time to bring the psychotherapy to an end, we agree to discuss this together and work towards a planned ending date, reserving a minimum of one session for the important ending process.**
8. Undertaking more than one form of one-to-one depth therapy at the same time is often unhelpful to the therapy. If you are in another form of psychological therapy or should start another during our time of work, it's good to inform me as soon as possible so we can assess a way forward.
9. Everything that is discussed in our sessions is strictly confidential between us in order for you to be able discuss any personal issues in confidence. However there are a few rare exceptions. If you tell me about direct risk of harm or abuse to anyone, there may be a legal requirement for me to report this to the relevant authorities. I have an ethical obligation to report sexual, physical, emotional abuse or neglect, and would seek to discuss this with you first.
10. I might wish to contact your GP or other care providers if you are at risk, or there are elements of your care which would be helpful for me to discuss with your GP. I would endeavour to discuss this with you first.





11. Confidentiality means that I cannot enter into any other form of contact with you, such as a social or business relationship, outside our sessions, in order to preserve the unique and special quality of our psychotherapy relationship. If a situation should ever arise where we encounter one another in another setting, we will need to discuss this within the therapy hour.

12. Should we both arrive at the same social event that is a small gathering I, the therapist will leave. This would of course not be personal, but be intended to preserve the boundaries of the therapy.

13. **We will not engage in discussions in any form of media outside our session times, except in order to arrange appointments.** If you are experiencing difficulties or an emergency, we can discuss the support you may need.

14. I am not permitted to be Facebook friends with clients.

15. I am strictly not permitted to accept gifts.

16. I keep case notes of our work together in order to help me work effectively, following the normal practice of psychotherapy. These are kept secure and confidential. You are entitled to ask to see these, although I need sufficient notice in order to make them available. I only use this information in order to help me in my work with you.

17. Please keep me informed and updated about any prescription medication you are taking, as this may affect our work.

18. I do offer some group events as part of my general work, but it is not possible to attend these concurrently with our one-to-one work as the particulars of the one-to-one relationship are an important part of the therapy, and to enter group work with me would put us in a different relationship.

19. In the event that you are seriously unhappy about our work, I hope you would feel able to discuss this with me; however if you feel unable to do this, please contact:

Address: UK Council for Psychotherapy, America House, 2 America Square, London, EC3N 2LU

Phone: Complaints and Conduct Team 020 7014 9978 or 020 7014 9493

Web: www.psychotherapy.org.uk/registers-standards/complaints/make-a-complaint/25.





PRIVACY DATA PROTECTION NOTICE

I collect, store and process personal information about you. I need it to do this to run my psychotherapy practice. This information can include contact information and your age. It can include health (mental and physical). It can also include your sexuality, about domestic and financial arrangements. It can include other special category data. I am able to collect this information under “Legitimate Interests”. As per GDPR regulations. The information is stored anonymously. It is under lock and key and/or password protected. I may use this information to track the progress of our work together. It may be used to receive reflection and guidance from my supervisor. I will keep this information for up to 7 years, at which point it will be deleted. You have the right to have information about you deleted. You have the right to have inaccuracies corrected. You have the right to access information about you – free of charge – within 1 month. You have the right not to receive any unsolicited marketing. You have the right to determine how information about you is processed. You have the right to complain if you are unhappy about any of the above. Complain by contacting the Office of the Information Commissioner here: enquiries@oicjersey.org. I trust that you will try to discuss this with me in the first instance before complaining.

Name of client (print)

Signature of client

Date of signature

Date of starting work

Name of psychotherapist: Naomi West

Signature of psychotherapist

Date of signature

Thank you

