

# Freedom | Private Therapy: terms and conditions

This agreement is made between \_\_\_\_\_

And

Dr Joanne Storr (Clinical Psychologist)

## 1. Fees and Bookings

- 1.1 Therapy is charged at an hourly rate of £80 for individual sessions, £120 – 150 for couples or family work. Block bookings can also be arranged to reduce the cost.
- 1.2 An initial 20 minute telephone consultation can be provided free of charge.
- 1.3 Fees are subject to regular review.
- 1.4 Bookings and times are dependent on room availability in the Integral LIFE Centre, 44 High Street, Bagshot, GU19 5AZ

## 2. Confidentiality. I understand confidentiality will only be broken for the following reasons:

- 2.1 Circumstances relating to harm of others
- 2.2 Circumstances relating to harm of self
- 2.3 Identified risk(s) to children or vulnerable adults (this includes historical abuse disclosures and risk to others)
- 2.4 Suspected acts of terrorism

*(If the therapist feels that for any reason confidentiality needs to be broken, then wherever possible, this will be discussed with the client)*

## 3. Payment

- 3.1 Payment can only be taken in cash or bank transfer (Account no: xxxxxxxxxx Sort Code: xx-xx-xx).
- 3.2 Payment must be made at the end of the session or in advance of the sessions.
- 3.3 If payment is not received you will be sent an invoice for the amount payable, which must be settled within 20 days of the invoice date.
- 3.4 You will be provided with a receipt of all payments made for your records.

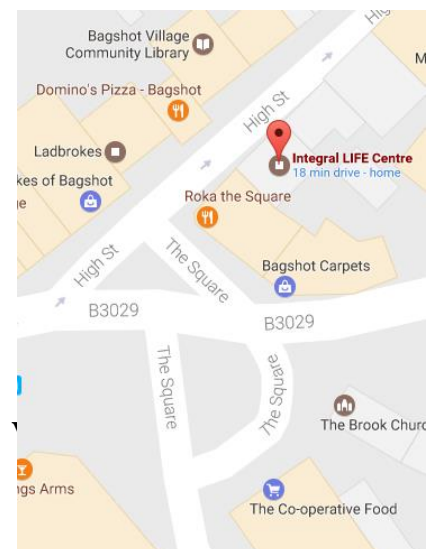
## 4. Cancellation

- 4.1 If you provide more than 48 hours notice you will not be charged for cancellation of the session.
- 4.2 If you provide between 24 and 48 hours notice you will be charged half the price of the session.
- 4.3 If you provide less than 24 hours notice or fail to cancel the session you will be charged the full price of the session.

## 5. Location

- 5.1 The sessions will be held at the integral LIFE Centre, 44 High Street, Bagshot, GU19 5AZ.
- 5.2 There is no parking at the integral LIFE centre
- 5.3 There is 2 hours free parking in the street or at the Co-op supermarket.
- 5.4 You must respect the rules of the integral LIFE centre whilst on the premises.

**These Terms and Conditions are subject to regular review and revision.**





**6. Security**

- 6.1 You should turn up fit to engage in psychological therapy sessions by not being under the influence of alcohol or drugs, including sedative medication.
- 6.2 If you put the environment, therapist or any other users of the Integral LIFE Centre at risk of harm (i.e. criminal damage, threats of or actual assault, etc.) in any way you will be banned from attending further therapy sessions at the Integral LIFE Centre. Consideration will be given on an individual basis regarding involvement of the police.

**7. Ending Therapy**

- 7.1 Therapy endings should be discussed within the session so that this is not done in a way that feels abrupt or unexpected.
- 7.2 If you are unable to do this please refer to the cancellation policy (Section 3) as you may be charged for non-attendance.

Signed..... (Client)

Signed.....(Therapist)

Date: .....





## Personal Details

### Confidential Information

Welcome to Freedom Psychotherapy. We want to make the most of each appointment you have with us.

One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible.

This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so.

Your complete name:

Title .....

Forename .....

Surname .....

Address: .....

Town/City: .....

Post Code: .....

Home Telephone No: .....

Day time Contact No: .....

Mobile Telephone No: .....

Email Address: .....@ .....

Age: .....

Date of Birth:...../...../.....

**These Terms and Conditions are subject to regular review and revision. Version 3: 21.04.17**





Current Occupation: .....

Person to alert in the event of an emergency: .....

Relationship to you: .....

Telephone No of person to contact in emergency: .....

GP 's Name: .....

GP's Practice Address: .....

GP's Telephone No: .....

Relationship status (please circle): Single / Married / Partnered / Separated / Divorced / Widowed

Children living with you [Name(s), Gender(s), Age(s)]:

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Please describe any significant current or past medical problems:

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Have you had previous psychological care or counselling? (Please circle) Yes No

If yes, please give the name of the Clinician(s), how long you saw them for and the nature of the work you did together.

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Have you ever been hospitalised for a psychological difficulty? Yes No

If yes, please give the dates and the nature of the difficulty at the time:

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In your own words, what is the nature of the concern that you wish to address in therapy? Feel free to describe this in as much or as little detail as you wish. Use additional paper if you like:

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In order for therapy to be most effective it helps to have a clear and specific goal. You may find it difficult to express your hopes for therapy in the form of a goal, but please make at least an initial effort. You can discuss this further with your therapist. Please feel free to list more than one goal if you wish.

1. ....
2. ....
3. ....

