



## **THERAPY AGREEMENT**

*Psychological treatment is unlike other professional relationships you may have had. It calls for active and often brave participation on your part. 'Active' because I am not the expert on you, and you will need to do at least 50% of the work, and 'brave' because the process of knowing yourself better or changing behaviour is very likely to bring up feelings that may at times make you feel like you're getting worse rather than better.*

*It is essential that you bring such feelings (anger, sadness, grief, guilt, shame, envy, anxiety) to the session, so that they can be understood within the context of the work we are doing.*

*The first couple of sessions will be considered as an assessment period for us both. I will be able to get a better idea of what our work together might involve and if I can be of assistance.*

*You will need to decide if you agree with me about the anticipated direction of the work and if you feel comfortable enough with me to make a commitment. It is essential that you raise any questions or doubts during the assessment period and at any other time during your treatment. If during the assessment period, or at any other time in our relationship, either you or I decide that I am not the right therapist for you, I will be happy to refer you to another therapist.*

*This agreement expresses the commitment each of us makes at the outset of therapy. Please read it through when you have time, as we will discuss things at our next appointment. Once we have discussed and agreed the details of our contract, we will both sign and keep one copy to register our shared understanding.*

1. We have agreed to meet at (time) \_\_\_\_\_ each \_\_\_\_\_ (day). This is 'your time' each week that I have set aside for you. Each session lasts 50 minutes. It is important for effective therapy that we try to maintain a regular and continuous commitment. If a change of circumstance makes this difficult for you, we can discuss the possibility of a different date and time and I will do my best to rearrange this if I can.
2. I have Remote Therapy sessions available should you prefer. We would use a secure meeting app, providing video and sound for a virtual meeting. You would need a reliable internet connection and consider any mobile data charges you may incur if applicable. Remote Therapy does have some limitations and may not suit your treatment and/or circumstances and will only be offered if we agree it will not compromise the quality of care provided in any way.

I have read item 2. above and understand the limitations involved using Remote Therapy to facilitate my treatment and agree to participate should we decide to do so.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please use capital letters*

3. Sometimes there is no way of knowing at the start of therapy just how long we will need to work together. Our initial contract is for \_\_\_ sessions followed by a review to ascertain progress.
4. The fee we have agreed is £\_\_\_\_\_ per session. Invoices are sent out by email at the end of each month and are due within 7 days. Please inform me if you would prefer your invoice to be sent by post.
5. By signing the Therapy Agreement, you accept responsibility for the charges for services provided and where another person or insurance company pays the fee, you agree to pay any shortfall that occurs. You agree to take responsibility for liaising with the insurance company to ensure that you are aware of the limits of your policy. You also agree that all cancellations will



be notified with at least 24 hours' notice and will be charged the full fee if less than 24 hours' notice is given.

6. I will endeavor to be ready for you at the appointed time and would appreciate you arriving on time. If you arrive late for any reason, the session will still finish at the appointed time.
7. I will take all reasonable precautions to keep our time together free from interruption and intrusion, such as from telephone calls, and I would ask that you please reciprocate by not accepting mobile phone calls during the session.
8. You have my telephone number in case you need it, and you are welcome to leave a message if I am not available when you call. Please leave good time for me to contact you and I will make every effort to return your call before the end of my working day. I cannot guarantee that I will be available after hours unless by prior arrangement. However, if I am going to be unavailable and I think it necessary, I will give you the name and number of a colleague to contact in my absence.
9. Where required, I will provide brief Initial Assessment, Progress and/or Discharge Reports at no extra charge. Upon request, additional reports (occupational, medico-legal etc.) can be provided and will be billed on a pro rata basis.
10. My professional body requires me to keep therapy records. These records are limited to information regarding your contact details, medication, contact with other health professionals, a record of sessions attended, missed, or cancelled appointments, and brief session summaries. Please note that I am bound by a professional code of practice and confidentiality, and as such, I will not release details of your treatment to a third party without your written consent. However, it is important to note that there are limits to patient confidentiality regarding potential harm to yourself or others, and in such circumstances, I will take all necessary steps to ensure your or another person's safety. As required by my professional body, on occasions I may discuss how I am conducting your treatment with my supervisor, who is bound by the same code of practice and confidentiality. This helps ensure you receive the best treatment possible.
11. I will take holidays during the year, and I will endeavor to inform you of dates well in advance.
12. It is my responsibility to monitor my health and fitness to work. This means that I may have to cancel a session at short notice due to illness or other unforeseen life events.
13. The therapeutic relationship is intended to be healing, supportive and sometimes challenging. We need to be aware that there may be times, as in any human relationship, when things feel difficult, and it seems hard to persevere. These times, if worked through together, can be very fruitful and life-enhancing for you. We both need to have the intention of seeing things through in such circumstances.
14. As you have entered treatment, it may be that you are someone who finds it very painful to be let down by those in whom you have placed your trust. Given that it is likely that from time to time you may feel let down by me when I get something wrong or say something unhelpful, it is essential that when this happens you and I talk openly about the effect this has had on you to help us avoid me becoming in your mind just another inadequate person who has failed you.
15. We agree to regular reviews, with the purpose of keeping our work on track, to decide on a new direction or to flag up any concerns either of us might have. We may choose to put any new agreements in writing at that time or at any time along the way.
16. If either of us thinks it is time to bring the therapy to an end, we will discuss this together and decide if and how to do that. Sometimes one session is enough to make sure the decision is a good one. Sometimes it is better to have more than one session to review the work and decide to either go on with therapy after all or find a way of making a good ending for you. Ending the therapeutic relationship is a shared process and it is better if this is achieved on a mutual basis.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*Please use capital letters*

Date of Birth \_\_\_\_\_



## **CONSENT FORM**

To Whom It May Concern:

I \_\_\_\_\_ agree for information to be  
exchanged between

\_\_\_\_\_ and Sinclair-Strong Consultants Ltd regarding my diagnosis, treatment and general well-being where appropriate.

I also agree to receipt of treatment (cognitive behavioural therapy and/or eye movement desensitization and reprocessing) and will actively participate in the therapeutic process.

I understand that I will be informed of all contact and confidentiality will be maintained unless safety is an issue.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name & Date of Birth)

\_\_\_\_\_  
(Address)

**Directions to Sinclair-Strong Consultants Ltd,  
Suite 25  
Building 80  
Churchill Square Business Centre  
Kings Hill  
West Malling  
Kent ME19 4YU**

Kings Hill Estate is located along the A228, off Junction 4 of the M20.

When entering Kings Hill from the M20, turn left off the A228 (signposted 'Kings Hill') and then turn right at the next roundabout onto Kings Hill Avenue. Continue along the road until you come to the 'steel ball' roundabout. Turn left off the roundabout and Churchill Square is located at the third turning on the right. Free parking is available in the centre of the square.

When entering Kings Hill from Tonbridge, turn first right into the Kings Hill Estate and go straight over the 'steel ball' roundabout before taking the third turning on the right into Churchill Square.

Public Transport – the 123 shuttle bus greets all trains arriving at the West Malling Train Station and transports passengers direct to Kings Hill and Churchill Square. <http://www.kings-hill.com/location/by-bus>

**Upon arrival at Churchill Square, please press number 25 on the door panel and then wait in the reception area. Someone will come down to meet you.**

