

# client therapist agreement

## Agreement

This agreement details the terms and conditions concerning our work together and is between the Client,  
\_\_\_\_\_ (client name) and Cherie James (the Therapist).

1. The agreement to work on the issues presented by the Client in no way guarantees a cure.
2. These Terms are governed by the law of England & Wales and are subject to the exclusive jurisdiction of the Courts of England and Wales.
3. Fees are payable via Bank Transfer and payable in advance of the session, to the Starling Bank Business Account below:  
Account Number: 47941036 | Sort Code: 608371 | Account Name: Cherie James
4. Sessions will be scheduled at the mutual convenience of the Therapist and the Client.
5. If no notice, or less than 24 hours notice of cancellation of an appointment is given, the therapist reserves the right to charge a 100% cancellation fee.
6. Contact between sessions may be by email or text, you may email or text the Therapist with important news, or if you are experiencing some difficulties and would like support related to your treatment. If required, a brief telephone call may be arranged for this purpose and may be requested by email or text. The Therapist may email or text you if there is something to share in between sessions.
7. Behaviour by the Client, which is deemed to be antisocial by the Therapist, will cause the immediate cessation of treatment.
8. Confidentiality will be maintained in all but the most exceptional circumstances. These can only include: legal action (criminal or civil court cases where a court order is made demanding disclosure - includes coroner's courts) and where there is a good cause to believe that not to disclose would cause danger of serious harm to self or others. Most standards of confidentiality applied in professional contexts are based on the Common Law concept of confidentiality where the duty to keep confidence is measured against the concept of 'greater good'. The sharing of anonymous case histories with supervisors and peer-support groups is not a breach of professional confidentiality. The sharing of open case histories with supervisors and any referring NHS medical practitioner is also not a breach.
9. Notes of sessions will be kept and are available for the Client to view, but not removed from the Therapist's premises, at a mutually convenient time and with reasonable notice.
10. As an Accredited member of the National Council for Hypnotherapy (NCH), the therapist is bound by their code of ethics and conduct, and you have access to their complaints procedure by going to the website at [www.hypnotherapists.org.uk](http://www.hypnotherapists.org.uk).
11. Sessions may be recorded. Prior to any recording, your agreement will be sought. Recordings will remain confidential in all but the most exceptional circumstances described in Clause 7 above.

- 12.** The Client confirms that they are not suffering from any diagnosed psychiatric condition, psychological illness or epilepsy and are not under the supervision of a psychiatrist. By signing below, the client confirms that they have never been diagnosed with any such conditions including schizophrenia, bi-polar disorder, personality disorder, narcolepsy any form of psychotic episode and that any current or previous history of psychiatric or psychological illness or epilepsy has been disclosed on the Therapist's Client Information Form.
- 13.** The Client confirms that they understand that Hypnotherapy MP3 files provided for the Client by the Therapist for use by the Client in between sessions should not be listened to whilst driving, operating machinery or undertaking any other activity where concentration is required. Any such MP3 file provided is for the Client's personal use and must not be lent, copied or sold under any circumstances.
- 14.** Your signature below indicates that you agree to being contacted by the therapist via email.
- 15.** Your signature below indicates that you will not record the session (either by sound or visual means) without prior permission from the therapist.
- 16.** Your signature below indicates that you understand and accept that the therapist may terminate the session without warning if the therapist should determine that the session has been booked for some purpose other than to receive therapy, and that should this occur, the client will remain liable for any session fee that may have been paid in advance.
- 17.** Your signature below indicates that you consent to the collection and storage of your personal data by the therapist for the purpose of confidential client notes. This data will not be shared with any other party other than in exceptional circumstances as noted in clause 7 above.
- 18.** The client confirms that they will disclose pregnancy at any stage of our work together, to ensure our therapy session are adapted to ensure the safety of the child and mother.

Signed (Client): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## privacy notice

I take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested/agreed to from me. Due to guidelines under the GDPR which come into force in May 2018, the following information is a legal requirement for me to pass on. Please read and sign to say you are in agreement.

Your Data Controller is Cherie James. Your name, address, telephone number, email address; plus, the treatment plan or package you have signed up for, and the dates we have worked together will be kept confidential, except under exceptional circumstances (eg a court order, or if I believe you are safety risk to yourself or others). I take notes through our session which help me to provide the right treatment for you, these are based on our discussions and my observations and are kept securely, in line with professional guidelines for a minimum of 8 years. You have the right to request to see these at any time.

I have gained this information from you directly and through no other means unless I have been given explicit permission by you, will not be discussed with a third party. Your information is never shared without your consent and you have the right to have it removed at any time (within reason and with the exception of information I am legally required to hold eg for HMRC purposes). Please contact me should you wish to do so.

### **The information you pass on is used in a variety of ways:**

To enable duty of care (should I need to contact your GP or next of kin, with your permission) For me to keep accurate records of my clients for HMRC purposes, which include invoicing. So I can refer back to our previous work should you return as a future client, (this can help us both to plan your treatment).

To provide evidence of clients I have worked with to my accrediting body. This entails, your name, email address, the dates and number of hours that we worked together. They may contact you in the future to confirm this in relation to me as a practitioner. They also have privacy policies in place. They are the QCHPA and NCH.

To send you blogs, newsletters and information concerning workshops, talks and events that I will offer (only with your permission). You may unsubscribe or be asked to be removed at any time.

Please sign below to indication you understand and agree with the above:

Signed (Client): \_\_\_\_\_