

**Emily Cavendish, MSc Reg. MBACP (Accred.)
UKCP Registered Psychotherapist**

Client Therapy Agreement

Please read through this document carefully as (among other things) it provides information about the practical side of coming to therapy. I can answer any questions that you might have at the initial consultation or by email or telephone.

Upon your signature and/or by booking a session with me, this document will constitute a binding agreement between us and will govern the provision of therapy services from me to you.

1. Professional and Contact Information

I am a psychotherapist registered and accredited by BACP (British Association of Counselling and Psychotherapy) and registered with UKCP (UK Council for Psychotherapy). Details of my qualifications and approach can be found on my website (www.emilycavendish.com).

My contact details are as follows:

- Email: info@emilycavendish.com
- Phone: 07766140325

2. Fees, payment terms and invoicing

This agreement is with you personally: you are solely responsible for paying my fees even if you have health insurance.

My fee for a 50-minute session, including the first consultation, is £180.00, payable by bank transfer. Longer sessions, either by request or to accommodate EMDR, and other tasks you may ask me to carry out for you, will be charged on a pro rata basis using this rate.

My usual practice is to invoice by email, at the end of each calendar month. I reserve the right to ask for payment in advance at any time (and will do so if any credit terms previously given are not honoured). Unless payment in advance has been requested, invoices shall be paid within fourteen (14) days of the date of the email to which the invoice was attached. Receipts are available on request.

Please note that if you cannot provide evidence that you are permanently resident in the UK, I reserve the right to require payment for your sessions in advance.

3. **Cancellations**

Your weekly slot is reserved for you and not offered to other clients; what I ask in return is a commitment to attend your weekly appointment regularly. If you give me advance notice about a proposed cancellation, I will endeavour (but do not guarantee) to offer you an alternative appointment date and time. Please note that I can only accommodate a maximum of six scheduled absences in any 12-month period without charge. **Please note the full fee will be charged for any sessions that are cancelled with less than 7 days' notice, and if cancellations occur frequently, I reserve the right to offer your weekly slot to another client.**

I shall be under no obligation to provide further services while any invoice remains due and unpaid. You shall reimburse me on demand for any reasonable legal costs (including VAT) and court fees incurred by me in attempting to recover or recovering any amounts owed any payable from you to me but unpaid.

4. **Session Duration and Regularity**

Sessions run for 50 minutes and take place weekly at the same time, unless pre-arranged. On occasion longer or more/less frequent sessions can be scheduled if deemed appropriate and beneficial. Longer sessions are charged on a pro rata basis. I use Zoom for video conference sessions and you will receive a password-protected meeting invitation for online sessions. The optimum conditions for therapy exist when there is commitment and regularity in the arrangement from both therapist and client. This helps to establish a safe and contained therapeutic space.

I usually work on a long-term, open-ended basis and it is difficult to offer guidance on how many sessions will be required until therapy is underway. I welcome feedback, observations and questions about the work at any point during the therapeutic process. If you have any time constraints which mean that you can only attend a limited number of sessions, I will endeavor to accommodate this and consider how best to support you within that timeframe. If I do not feel I am able to do this, I may suggest an onward referral.

If you wish to terminate therapy at any point, it is my recommendation that we agree a number of sessions before ending in which to draw the work to a close and address any outstanding or unresolved issues wherever possible. I am happy to provide an onward referral where appropriate.

5. **Electronic Communication**

You have my email address and mobile telephone number. If you need to contact me to cancel or change an appointment or about any other practical issue relating to our sessions, please use either method and I will respond as quickly as I can.

Please note that I cannot offer therapeutic support via email or telephone, unless a telephone session has been scheduled. In order to protect the boundaries of the clinical work and confidentiality, I do not communicate with clients via any form of social media.

6. Emergency Procedures

If you have an emergency, please contact your GP or go to Accident and Emergency at your local hospital. I do not provide emergency or out of hours services.

7. Holidays

I will endeavor to give you several weeks' notice when I am away or unavailable. I would be grateful for as much notice as is possible and practical when you are unable to attend your session.

8. Insurance

You may have health insurance that provides cover for therapy sessions. If so, please note the following:

- I am unable to invoice or otherwise liaise directly with health insurance providers or undertake third-party billing. As set out in paragraph 3, you are solely responsible for paying my fees even if you have health insurance.
- Your health insurer may ask you for evidence that you have paid for a session prior to reimbursing you. If so, I will be happy to provide receipts for any invoices of mine you have paid in full, on request. This is the only service I will provide in relation to your health insurer.

9. Confidentiality

Therapy often requires the discussion of sensitive and personal matters. I commit to respect, protect and preserve the confidentiality of all information you disclose to me. As a general rule I will never disclose your information to third parties; however, there are some limited exceptions to that rule that I need to make you aware of:

- if you give your express consent to disclosure (in which case, I may disclose to the extent you have consented to);
- if I reasonably believe you are intending to cause serious harm to yourself;
- if I reasonably believe you are intending to cause serious harm to another;
- if I become aware or reasonably suspect that abuse of a child or a vulnerable person has taken or may take place;
- if I am compelled to do so by order of a court or governmental entity of competent jurisdiction, but only to the extent of complying with that order.

I attend regular clinician supervision, a requirement of my ethical framework. The purpose of this supervision is for me to ensure that I am offering my clients the best possible level of care and that any clinical issues that arise in the course of the therapeutic process are addressed quickly with the support of a qualified and accredited clinical supervisor. These sessions are also strictly confidential.

10. Data protection

I comply with applicable UK data protection law.

I may collect, use, store and transfer different kinds of personal data about you which I have grouped together follows:

- **Identity Data** includes first name, maiden name, last name, marital status, title, date of birth and gender.
- **Contact Data** includes address, email address and telephone numbers.
- **Clinical Data** includes information you disclose to me in our sessions of which I make a written note (whether during or after a session).
- **Correspondence Data** includes any correspondence you provide to me or I receive from third parties such as GP letters or communications from other healthcare professionals such as psychiatrists.
- **Financial Data** includes records of attendance at sessions, bank account and payment card details.

I have set out below, in a table format, a description of all the ways I plan to use your personal data, and which of the legal bases I rely on to do so. I have also identified what my legitimate interests are where appropriate.

Purpose/Activity	Type of data	Lawful basis for processing including basis of legitimate interest
To register you as a new client	(a) Identity Data (b) Contact Data	Performance of a contract with you
To provide therapy services to you and (in relation to Clinical Data) to act as an aide-memoire regarding session content and process.	(a) Identity Data (b) Contact Data (c) Clinical Data (d) Correspondence Data	Performance of a contract with you
To invoice you, collect and recover money owed to me	(a) Identity (b) Contact (c) Financial	(a) Performance of a contract with you (b) Necessary for my legitimate interests (to recover debts due)
In the unlikely event such action is required, to comply with applicable law, any court order, or the UKCP Code of Conduct	(a) Identity Data (b) Contact Data (c) Clinical Data (d) Correspondence Data	Necessary to comply with a legal obligation

I will only retain your information for as long as necessary to fulfil the purposes it was collected it for, including for the purposes of satisfying any legal requirements. After therapy has been completed, my default position is to keep your data for a further period of 6 years in accordance with the guidelines of my governing bodies. This can be useful if you decide to return to therapy at some point or if you require an onward referral. However, you have the right to withdraw your consent for this information to be held and you also have the right to request to see that information at reasonable intervals.

Please note that if you have any concerns or complaints in relation to how your personal data is processed by me, my regulator is the UK Information Commissioner's Office (<https://ico.org.uk/concerns/>).

11. **Ethics and Complaints.**

I abide by both the UKCP's Ethical Principles and Code of Professional Conduct (www.psychotherapy.org.uk/wp-content/uploads/2017/11/UKCP-Ethical-Principles-and-Code-of-Professional-Conduct.pdf.) and the BACP's Ethical Framework (www.bacp.co.uk/events-and-resources/ethics-and-standards). If you wish to register a complaint against me, you can do so with either governing body (www.psychotherapy.org.uk/registers-standards/complaints/make-a-complaint or www.bacp.co.uk/about-us/protecting-the-public/professional-conduct)

12. **Client Details & Signature**

Full name:	
Home address:	
Line 1:	
Line 2:	
Town:	
Postcode:	
Country:	
Date of birth:	
Mobile phone number:	
Email address:	
Emergency contact:	
Contact relationship:	
Contact number:	

Signature & Date:
