

Select Healthy Mind Psychotherapy

WINDSOR & ETON PRACTICE

Client/Therapist Agreement – Barbara Paczkowska



Select Healthy Mind

Psychotherapy & Counselling
for Adults, Children & Adolescents

website.

selecthealthymind.co.uk

Office email (admin)

selecthealthymind@gmail.com

telephone

07514071824 (Barbara Paczkowska)

Barbara Paczkowska (Clinical Director – Select Healthy Mind Ltd)

EMDR UK & Europe Consultant/Supervisor & BABCP accredited CBT Psychotherapist

Select Healthy Mind Ltd

Sun Close,

Eton (Windsor),

Berkshire,

SL4 6AR

IMPORTANT – Please complete all **THREE** sections below and return this form to us

BEFORE your initial assessment/first session:

(you can request a pdf copy of your completed document via email at no charge)

Section 1 – Client Information (*Required)

*Client Name:

*Date of Birth:

*Home Address:

*Contact Number:

*Email address:

*Current G.P. (Name & Address):

G.P./Surgery telephone number (if known):

*Please list any medication/prescription drugs currently taking and/or medical conditions that may affect your treatment:

(Please note for office use only)



Section 2 – Emergency Contact Information

As part of our professional safeguarding procedures, we collect emergency contact details for all clients. This helps ensure your wellbeing and enables us to check on your safety if we lose contact with you when there are concerns about your welfare.

Your emergency contact information is stored securely under GDPR and Data Protection Act 2018 guidelines.

We will only contact your emergency contact if:

- We cannot reach you directly and have concerns about your wellbeing
- There are safety concerns during or after a therapy session
- We need to ensure you are safe following a missed appointment or loss of contact

*******Important:** Your emergency contact will **only be told that we are concerned about your wellbeing**

- no personal therapy information will be shared unless you specifically consent to this.

Primary Emergency Contact:

Full Name:

Relationship to you:

Mobile Number:

Email (optional):

Emergency Contact Consent

Please tick the boxes that apply:

I consent to my emergency contact being contacted if you cannot reach me and have welfare concerns

I understand that only essential safety information will be shared (that you are concerned about my wellbeing)
unless I give specific consent below

I give additional consent for basic therapy-related information to be shared with my emergency contact
in crisis situations (*optional - you can choose not to tick this*)

I understand this is routine safeguarding practice for all therapy clients and does not indicate any particular risk
assessment

I understand I can update or withdraw this consent at any time

Section 3 – Payment Method

PLEASE TICK YOUR CHOSEN METHOD OF PAYMENT – HEALTH COVER or PRIVATE FEE (SELF-FUNDING)

A. Health Insurance Cover & authorization number for treatment if provided:

Insurer name:

Membership/Policy no:

Claim authorization no:

No of sessions preliminarily authorized:

B. Private Fee agreed per 50 min session: £120.00

PLEASE BE AWARE *****

Privately self-funded sessions are payable before each session via bank transfer using the below payment details. **Sessions may not go ahead if payment is not made.**

Account name: SELECT HEALTHY MIND LTD

Account no.: 00686360

Sort code: 20-45-45

Your payment reference: YOUR SURNAME

Agreement and Consent

By signing below digitally, you confirm that you:

Have read and understood this entire agreement

Consent to the therapy services outlined

Agree to the terms and conditions of therapy

Consent to the emergency contact procedures as described

Understand the limits of confidentiality

Agree to the payment terms outlined

Date:

Digital Signature :

(Typed name is sufficient if wish to leave this blank – please just save form before sending)



Terms and Conditions of Therapy

(Please read carefully)

Select Healthy Mind's therapists are bound by the Code of Ethics, Practice & Standards of industry recognized disciplinary bodies. Barbara Paczkowska is our Clinical Director, an EMDR Consultant Psychotherapist and Supervisor registered with EMDR UK & Europe as well as a fully accredited member of the British Association of Behavioral and Cognitive Psychotherapists (BABCP).



The British
Psychological Society

Confidentiality will be maintained within strict accordance with these codes and subject to current GDPR requirements and the Data Protection Act (2018).

Circumstances where this may be breached include when it is considered there is a risk you may harm yourself or others; or in a situation where the clinic may be placed in a position of breaking the law or where withholding such information means we breach the aforementioned codes of ethics and practice. Disclosure of information purporting to potential acts of terrorism, indicative of any vulnerable adult or child protection issues or drug trafficking would mean information being passed onto the relevant authority without delay.

Due consideration should be exercised before disclosing anything of a previously unreported criminal nature, as we are obligated by law to contact the relevant authorities.

Subject to us being satisfied that your problem is one that can be alleviated by Counselling/Psychotherapy/CBT/EMDR, we agree to offer you personal therapy.

This is our commitment to you. You (as my client) accept to abide by the following Therapy Contract Terms:

- To attend on time for any pre-booked appointment
- Payment must be made before each session using the bank details and reference outlined above
- In the event that a Private Health Care plan is used to fund treatment, therapy can commence when approval in writing has been received or you provide the relevant authorization code and/or proof of cover
- Frequency and times of sessions will be discussed and agreed upon and will typically be weekly or fortnightly. The standard duration of each session is 50 mins, although we reserve the right to amend that time for therapeutic reasons
- If for any reason you are late for a session, I will try my best to see you for the duration of the remainder but will be unable to work beyond the allotted time as this will disrupt the clinic for other patients
- **Please give at least 48 hours prior notice to cancel any appointments** that you are unable to attend in order not to avoid a charge
- **Cancellations within 48 hours must be paid in full** as it leaves your therapist unable to offer the allotted time slot to another client
- It is understood that sometimes sudden events, such as emergencies, happen, that may make it necessary for patients to cancel their appointment last minute or fail to attend and are unable to provide notification. On these rare occasions it is at the therapist's discretion if a fee will be charged
- As a client you present yourself fit to engage in psychological therapy by not being intoxicated or affected by drugs/medication
- Select Healthy Mind operate zero tolerance of all forms of abuse to members of staff and therapists or to clients or other members of the public and reserve the right to end treatment in the event of any abusive behaviour or other exceptional circumstances
- Notes may be taken during and after each session, which will be kept in strict accordance with GDPR and the Data Protection Act (2018). These notes will be securely stored, and Select Healthy Mind Ltd is ICO certificated
- Any correspondence, documents, letters or emails requested and agreed to be written for use outside of regular therapy sessions will be charged for - with an administration fee starting at £50 but agreed mutually between the client and your therapist dependent on nature and content required

Select Healthy Mind Ltd

Sun Close, Eton (Windsor), Berkshire, SL4 6AR

Company Registration: 10649438

******A PDF copy of this contract can be provided by request via email at no charge**

This agreement integrates emergency contact collection as part of routine professional safeguarding practice, ensuring client safety while maintaining therapeutic rapport.

