Select Healthy Mind Psychotherapy WINDSOR PRACTICE

Select Healthy Mind Psychotherapy & Counselling for Adults, Children & Adolescents

CLIENT/THERAPIST AGREEMENT - BARBARA PACZKOWSKA

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telephone 07514071824 (Barbara Paczkowska – Consultant Psychotherapist & Clinical Director)

Select Healthy Mind Ltd Sun Close, Eton (Windsor), Berkshire, SL4 6AR

*If you have any queries, please contact Select Healthy Mind using the contact details above.

Please complete all sections below and return this form to us <u>prior to initial assessment/first session:</u> (you can request a pdf copy of your completed document via email at no charge)					
			Date of Birth:		
	Practice name		Please list any medication/prescription drugs currently taking and/or medical conditions that may affect your treatment:		
	street town/city				
		code			
G.P./Surgery telephone number (if known)					
PLEASE SELECT CHOSEN METHOD OF PAYMENT					
Health Insurance Cover & authorisation number for treatment if provided ¹			Insurer name ¹ :		
			Membership/Policy no:		
		Claim authorisation no:			
			No of session preliminarily authorised:		
Private Fee agreed per 50 min session. (payable before each session via bank transfer)			(please tick to agree)		
Payment must be made prior to each session. Using the following bank details and reference					
CELECT LIE ALTIJV MAINID LTD					
your payment reference: YOUR SURNAME (and session or invoice no.)					
RESPONSIBILITY TO ADHERE TO THIS TO ENSURE ONGOING THERAPY					
(Please note below dotted line is for office use only)					
	OSEN METHOD OF PAYMENT over & authorisation number for ed per 50 min session. ch session via bank transfer) me made prior to each session. Using the following the made prior to each session with the prior to each session. account name: S account no.: O sort code: 2 your payment reference: Your payment paymen	Pracestrate (you can request a pdf copy of your payment reference: YOUF) Pracestrate (your can request a pdf copy of your payment reference: YOUF) Pracestrate (your can request a pdf copy of your payment reference: YOUF) Pracestrate (your can request a pdf copy of your payment reference: YOUF) Pracestrate (your payment reference: YOUF) Pracestrate (your payment reference: YOUF) Pracestrate (your payment reference: YOUF)	Practice name street town/city postcode Description Description	(you can request a pdf copy of your completed document via email at no charge) Date of Birth: Practice name street town/city postcode G.P./Surgery telephone num DEEN METHOD OF PAYMENT Over & authorisation number for ed 1 Membership/Policy no: Claim authorisation no: No of session preliminarily authorised: per 50 min session. ch session via bank transfer) e made prior to each session. Using the following bank details and reference account name: SELECT HEALTHY MIND LTD account no:: 00686360 sort code: 20-45-45 your payment reference: YOUR SURNAME (and session or invoice no.)	

Terms and Conditions of Therapy

Select Healthy Mind's therapists are bound by the Code of Ethics, Practice & Standards of industry recognised disciplinary bodies: Barbara Paczkowska is our Clinical Director, is an EMDR Consultant Psychotherapist and Supervisor registered with EMDR UK & Europe (https://emdrassociation.org.uk/wp-content/uploads/2023/01/EMDR-Association-UK-Code-of-Conduct-.pdf / https://emdr-europe.org/wp-content/uploads/2022/08/EMDR-Europe-Code-of-Ethics.pdf) as well as a fully accredited member of the British Association of Behavioural and Cognitive Psychotherapists (BABCP) (https://babcp.com/Standards).









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 that 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.
- <u>Payment must be made before each session</u>. Using the bank details and reference outlined on page 1 of this document.
- In the event that a Private Health Care plan is used to fund treatment, therapy can commence when approval in writing has been received from the company² nominated or you are able to provide the relevant authorisation code and/or proof of cover.
- Frequency and times of sessions will be discussed and agreed upon and will normally 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 who may be kept waiting.
- ***IMPORTANT*** 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 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. In

general, however, if you fail to give less than 48 hours' notice of your intention to cancel or postpone an agreed therapy session or if there is a repeat pattern of cancellations/DNA's your therapist reserves the right to charge in full for that session.

- As a client you present yourself fit to engage in a 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 which is ICO certificated.

Please note that any correspondence, documents, letters or emails requested and agreed to be written for use outside of regular therapy sessions need to be charged for - with an administration fee starting at £50 but agreed mutually between the client and your therapist dependant on nature and content required.

A PDF COPY OF THIS CONTRACT CAN BE PROVIDED BY REQUEST VIA EMAIL AT NO CHARGE

