



## **Therapy Contract**

The aim of this contract is to clarify the terms under which I suggest we work together.

Our sessions will be 50 minutes long and usually weekly, but it may be appropriate to arrange more or less frequent sessions depending on the stage of therapy. At our first or second meeting we come to an agreement about the number of sessions we want to arrange, typically initially about six sessions. At the end of these we review therapy and decide upon further sessions. A course of cognitive therapy usually lasts between 8 and 20 sessions, but it can also be longer depending on your situation and difficulties.

For anyone paying privately, the cost of a session is £75.- payable by bank transfer prior to the session (unless you let me know in advance that you would like to pay in cash).

Please use the following details:

BACS:       Account name: C J Alber  
              Sort code: 07 08 06  
              Account number: 38795373

If your treatment is funded by a health insurance provider or other third party, the cost of the sessions will depend on your specific arrangements so please let me know if this is the case for you.

If you know that you cannot attend a session, please let me know, giving me as much warning as you can. I too shall inform you well in advance of any times I shall be away. If I have to reschedule due to unforeseen circumstances, I will try to give you as much notice as possible, but you can be assured that I shall do my utmost not to cancel sessions at short notice. Once we have arranged a session the time is yours and, even if you arrive late, we will still have to end on time. Also, if you miss or cancel a session with less than 24 hours' notice, I shall still have to ask

you for the full fee as I have set this time aside for you. If you cancel a session with less than eight days' notice you will need to pay £15 to cover basic costs.

Therapy requires a trusting relationship and whilst I may encourage you to question and challenge established ways of thinking and acting, I will do this from a non-judgmental and accepting stance. Our relationship, however, will be confined to therapy so we shall not have contact outside of these sessions except to arrange appointments. If we are to meet anywhere by chance, I shall aim to not acknowledge you first in case you do not wish to explain to other people who I am.

In order to make sure that we both feel safe and that you can get the most out of your therapy session it is important that you do not come under the influence of alcohol or drugs. If this poses a difficulty, please let me know so that we can look for solutions to this together.

There may be times whilst you undergo therapy when you are distressed, and you feel therapy is not helping you. I would like to encourage you to come and talk about these difficulties rather than suddenly end therapy. This will give you an opportunity to understand and resolve your distress.

As a BABCP accredited therapist I adhere to the association's Standards of Conduct, Performance and Ethics. You can see these and details of the Complaints Procedure here: <https://babcp.com/About/Complaints-and-feedback>.

If you have any questions or concerns regarding the above, please let me know. Otherwise please sign below.

*I have understood and feel happy with the terms of this therapy agreement.*

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

Signed:

**Confidentiality and Data Usage:**

Furthermore, I would ask you to read the 'Privacy' page on my website. This outlines how I use information I hold about you. Please let me know if you have any questions before you indicate your consent to your information being handled in this way by signing this therapy agreement.

I have read the 'Privacy and Data' page and consent to my information being held in the way described.

Signed:

Date of Birth:

Address:

Mobile Number: