**Client Agreement**

This client agreement is between ………………………………………………………………………………….and Fiona Turnbull, psychotherapist. By signing, you indicate you are satisfied to go ahead with psychotherapy sessions on the basis outlined below.

**Psychotherapy sessions:** We will meet for weekly 50-minute psychotherapy sessions at the same day and time each week. We will agree at the outset whether this is for a fixed number of sessions or open-ended psychotherapy and whether we will meet in person or online. We will review regularly. On occasion if needed, I may be able to offer an alternative appointment for which I may need to charge an additional room hire fee.

**Fees and payment:** I charge £80 per session. I ask for payment at least one day in advance of the session by bank transfer into my account. Please use your surname as the reference. You can choose to pay weekly, monthly or in a block. My account details are:

Fiona Turnbull Psychotherapy

Co-operative Bank

Sort code 089299

Account number 69856282

**Cancellation policy**

* I ask for a minimum of one week’s notice of a planned cancellation, such as for holidays or planned medical appointments.
* I offer four planned cancellations per year for which I do not charge a fee. Any further missed sessions will be charged at the full fee to hold your space.
* If you give less than one week’s notice or do not attend a session without informing me in advance, the full fee for the missed session(s) is payable.
* I will always inform you with as much notice as possible of my planned time off. Where appropriate, I will provide additional sources of support such as helpline numbers.
* In the event that I have to cancel a session at short notice, no fee applies.

**Confidentiality:** Your sessions are confidential. This means I do not disclose to anyone else what you discuss with me in therapy. There are exceptions to this when I may be required by a duty of care to you or by law to breach confidentiality, particularly if there is a risk of serious harm to you or to someone else. In these situations, I will seek to discuss with you my requirement to breach confidentiality wherever possible. However, there may exceptionally be times when I need to act without your consent, for example with serious child protection or safeguarding concerns.

**Supervision:** I attend fortnightly supervision with a senior practitioner. This is both good practice and a requirement of my registration with the relevant professional membership bodies, UKCP and BACP. Any discussion of client work refers only to the client’s first name and is bound by the same confidentiality principles.

**Ethics:** I adhere to the ethical framework of the [United Kingdom Council for Psychotherapy (UKCP)](https://www.psychotherapy.org.uk/media/bkjdm33f/ukcp-code-of-ethics-and-professional-practice-2019.pdf) and the [British Association of Counselling and Psychotherapy](https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/) (BACP). Complaints can be raised with either body through the following means: [How to complain about a BACP member](https://www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/how-to-complain-about-a-bacp-member/) and [How to make a complaint | UKCP (psychotherapy.org.uk)](https://www.psychotherapy.org.uk/ukcp-members/complaints/how-to-make-a-complaint/).

**Record keeping and GDPR:** I keep records in accordance with the General Data Protection Regulations (GDPR) and Data Protection Act (2018). Your personal details are held separately from the records of the sessions. All information is held electronically and is encrypted and password protected. By signing this client agreement, you confirm your consent to me keeping records in this way. See my full privacy policy on my website:

[Fiona+Turnbull+Psychotherapy+Privacy+Policy+Updated+Nov+2020.pdf (squarespace.com)](https://static1.squarespace.com/static/5ee146f1a95bfe7f145aa1d4/t/5fa1ac6b6a00107ddd1e1d69/1604430958253/Fiona+Turnbull+Psychotherapy+Privacy+Policy+Updated+Nov+2020.pdf)

**Ending therapy:** It is always your decision when to end therapy. I recommend 1 to 2 weeks’ notice for short-term time-limited work and 4 or more weeks’ notice for longer-term work. If you are considering ending therapy, I recommend that you let me know so we can explore and plan for ending.

**COVID19:** I commit to informing clients if I am unable to meet them due to COVID19 symptoms or self-isolating and ask clients to do the same. I will test if symptomatic but am not routinely testing.

Please sign below to confirm that you understand and agree to the above client agreement.

Signed: …………………………………………………………………………............. Date: ……………………

**How I communicate with you**

As part of safeguarding your confidentiality and to comply with data protection regulations, I ask your consent for how I can communicate with you between sessions, for example to schedule appointments. Please would you indicate which methods of communication you are happy for me to use.

You agree that Fiona Turnbull Psychotherapy can contact you in the following ways. Please circle as applicable.

Landline: YES/NO

(I do not leave voicemails on landline answerphones for confidentiality)

Mobile phone call: YES/NO

Please indicate if I can leave a voicemail message on your mobile phone. YES/NO

Text message on mobile: YES/NO

Email: YES/NO

(Please note I do not use the word psychotherapy or counselling in email subject headers for reasons of confidentiality and privacy).

Signed:…………………………………………………………………………….. Date: