Your signature below indicates that you have read this agreement for services carefully and understand its contents.

Please provide the following intake information and confirm receipt of the contract by email:

Full Name, Mobile number, Email, Date of birth, Home Address
GP name address  GP contact number
Emergency contact name and contact number

Nature of Counselling Work: I work in an integrative, or pluralistic way, incorporating CFT (Compassion Focused Therapy) and DBT (Dialectical Behaviour Therapy) skills and resources if wanted into a person centred approach. This puts you as the client in the centre of the process and I work with the mindset that you are the expert of your experience and your own process. I aim to offer regular reviews and collaboration on how best to support you. The therapeutic approach can be challenging and some emotional discomfort is usual before improvement. Please feel free to discuss any concerns or comments with me.

Number of Sessions: The initial number of sessions can be agreed upon if you choose with the flexibility to adjust based on your needs.

Session Details: I currently work online and will send a link prior to sessions to the email address that you provide. This is likely to be Google Meet however other platforms may be used as required. Please ensure you have privacy and Wifi or mobile data connection and to join promptly in order to make full use of your session time. Sessions are 50 minutes and weekly unless otherwise arranged.

Fees and Payment Terms: Fees for individual online therapy are £65 per session thereafter unless otherwise agreed in writing. Payment is due 48 hours in advance by bank transfer to the account details provided for Talk Therapy for Claire. Please discuss with me if there are any payment issues or financial difficulty in making payment.

Cancellation and Rescheduling Policy: The notice period required for cancellations, is 48 hours, otherwise session fee is payable in full before any further sessions may take place. I will aim to give a minimum 48 hours notice for any cancellation. Rescheduling may be possible on occasion where agreed in advance. Refund will be made if the therapist cancels or is unavailable at short notice after payment has been made.

Confidentiality: All session content is confidential unless you disclose a risk of significant harm to yourself or others. I have a legal and ethical obligation to disclose serious and critical risk of harm as well as some legal matters (e.g., court orders, terrorism, money laundering). I will aim to seek your permission before disclosing information that you share where possible. I work under the guidance of a supervising experienced and trained supervisor and some matters may be discussed with this supervisor, also confidentially, in order to support you in the best way.

Termination of Counselling: Consider that therapy may feel uncomfortable at times. You may end therapy at any time; we recommend a planned ending where possible. If you wish to terminate then I ask that you discuss with me in order to facilitate a therapeutic ending plan for at least one further session. If a conflict of interest arises, that affects ethics or confidentiality then it may be necessary to end sessions and I will aim to discuss this with you.

Record Keeping and Data Protection: Personal data and clinical notes are stored securely in compliance with the UK GDPR and Data Protection Act 2018. Data is processed solely for the purposes of delivering therapy, clinical management, and administrative communication. As part of professional practice, aspects of my work are discussed in clinical supervision using anonymised details only. Supervisors are bound by strict professional confidentiality. Personal data will be retained only as long as necessary, and you may request access, correction, or deletion of your data at any time by contacting counselling@talktherapywithclaire.org

Notice to Clients: I am a member of the National Counselling and Psychotherapy Society (NCPS) ethical body. NCPS receives and responds to complaints regarding services provided within the scope of practice of registered counsellors. You may contact at www.ncps.com or by calling 01903 200 666. In the first instance, please raise concerns directly with me.

Client Consent: By signing (or online, confirming via email) agreeing to the informed consent for Counselling and Psychotherapy, this indicates that you have read, understood and agreed to the Informed Consent for Counselling and Psychotherapy and understood all the terms and information contained herein. You also agree that you have had the opportunity to ask questions and seek clarification of anything that remains unclear and that those questions have been answered satisfactorily.

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Name

Signature (for online use add your initials here or email reply confirming your agreement)

Date