

Therapy Agreement

Practitioner's name:

Daniel Arnold

Name of private practice:

Sprout Therapy

Contact details:

Therapy Practice

32a North End Road

Golders Green

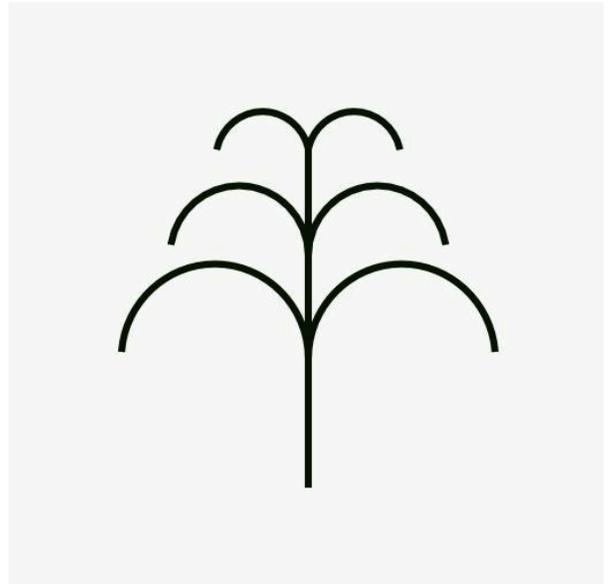
London

NW11 7PT

07831 449086

Website address:

www.sprouttherapy.co.uk



Please read the information below carefully as it forms an agreement as to how we will work together and outlines my professional obligations regarding confidentiality. At our first session I will set some time aside for us to discuss this agreement and answer any queries that you may have.

I will ask you to sign the agreement to show that you understand its contents.

Qualifications: I am a member of the British Association for Counselling and Psychotherapy (BACP) and as such abide by their Ethical Framework. Please see - www.bacp.co.uk/ethical-framework for more information. Anti-discriminatory practice I am committed to providing an anti-discriminatory service. I strive to ensure that this practice is present in all our work together.

Professional Membership and Ethical Framework

I am a registered member of the British Association for Counselling and Psychotherapy (BACP) (Membership No. 414641) and work in accordance with the BACP Ethical Framework for the Counselling Professions.

Confidentiality and Data Protection

Sessions are confidential. With your consent, I keep brief records of contact details and attendance and may contact you by telephone, text message, or email in relation to your therapy.

Confidentiality will be maintained unless there is a serious risk of harm to you or others, or where disclosure is required by law. Wherever possible, this will be discussed with you in advance.

Supervision

In line with BACP requirements, my work is regularly supervised. This ensures that my practice is safe, ethical, and effective. Any discussion of our work in supervision is anonymised and identifying details are removed.

Attendance and Capacity

Therapy can only be effective if clients attend sessions able to engage fully. If you attend under the influence of alcohol or non-prescribed drugs, I may be unable to proceed with the session and this will be discussed with you at the time. The session will be charged at the full fee.

Duration and Ending of Therapy

I offer both short- and long-term therapy. The anticipated duration of therapy will be discussed during the initial session and reviewed as appropriate. The therapy sessions last for 50 minutes at a frequency of once per week.

If you wish to end therapy, I ask for advance notice to allow for planned ending sessions. This is a minimum of two weeks or two sessions' notice, plus one additional week/session for each full year of therapy, to support a considered and contained ending.

Fees, Cancellations, and Holidays

Session fees are agreed in advance and invoiced monthly by email, with payment terms of two weeks. Payment can be made by card, BACS, or cash. Fees will be reviewed annually in line with inflation and will be discussed in advance.

Sessions cancelled with more than two working days’ notice may be rescheduled, subject to availability. If a mutually agreeable alternative session time can be offered, the original session will not be charged. If rescheduling is not possible, the cancelled session will still be charged.

Cancellations with fewer than two working days’ notice, or non-attendance, will be charged at the full session fee, except in the case of a mutually agreed emergency. In the event that sessions are cancelled by me, no charge will be made.

I will normally hold your regular session time for up to two weeks to accommodate holidays. Longer breaks may be chargeable or negotiated within sessions.

I will give at least three weeks’ notice of my own holidays. These usually include two weeks in December, two weeks at Easter, and three weeks in August. You will not be charged for these periods.

Scope of Practice

My work is limited to therapy sessions. I do not provide reports, court-related work, or advocacy outside the therapy setting.

Please sign below to show that you have read and understood the contract between us.

Clients Signature:..... Date

Counsellors Signature:..... Date:.....