

Tracy Avis & Associates

Therapy Information and Client Contract

NAME OF CLIENT

DATE OF AGREEMENT

PROFESSIONAL INFORMATION

I am a BABCP Accredited Cognitive Behavioural Psychotherapist with over 20 years of experience in the NHS and Independent practice. I am registered with the Health Care Professions Council (HCPC) and the British Association of Behavioural & Cognitive Psychotherapists (BABCP) and I adhere to the codes of ethics and conduct of these regulatory bodies. Copies of these codes are available to you online and include information about procedures for making a complaint.

Name: TracyAvis, BABCP Accredited Cognitive Psychotherapist

Contact Number: 07792524591

Email: enquiries@tracyavis.co.uk

Appointments & Payment

Standard individual sessions are scheduled for 50 minutes and are charged at £110 per session. Should a session need to be extended or if a longer session is necessary e.g. for partners, family involvement etc, then the fee will be adjusted pro rata. Couples sessions and family sessions will generally require 90 minutes and are charged at £165 - this will be agreed at the start of therapy whenever possible.

Payment in full is due on the day of the session (by cash or cheque at the time of the session, or bank transfer in advance of the session) unless you hold private medical insurance which is paying for your therapy*. Failure to pay may unfortunately lead to sessions being cancelled until any outstanding invoice has been settled.

***if you hold private medical insurance, you must check that the reimbursement level available for CBT from the policy provider will cover the session fee in full. If it does not, it will be your responsibility to pay the difference between the insurance reimbursement rate and the fee.**

Bank Details: Tracy Avis

Account Number: 79665055

Sort Code: 60-83-71

Please use your name as a reference for payment. An invoice receipt will be provided once payment has been received.

CANCELLATION

48 hours notice is required to cancel your therapy session without incurring a charge. If your appointment is on a Monday, please cancel on Friday. If less than 48 hours notice of cancellation is given, you will be charged the full cost of your session. If a health or insurance company is paying for your treatment, they may make you liable for the charge. Your treatment sessions could be suspended dependant on their policy.

Non-attendance

If you fail to attend a session without any notice, full payment for that session will be required before booking any further sessions.

Reviews

We will review sessions regularly approximately every six sessions to ensure you feel you are getting the most out of therapy; you are not tied into any commitment - you can end sessions at any time. If I consider your requirements beyond my competence I reserve the right to terminate our contract, this will be discussed in the session and recommendations would be provided.

URGENT OR CRISIS SUPPORT

IMPORTANT NOTE: as an independent practice I am unable to provide urgent support or crisis care. If you feel your mental state is deteriorating or that you are unable to keep yourself safe, please contact your GP or out of hours service (111). Alternatively you can ring Samaritans 24/7 on 116 123 free of charge. If you are in immediate danger please call 999 or go to your nearest A&E.

CONFIDENTIALITY

Your therapy and personal information are kept securely. Information but not names will be shared with my supervisor who is also BABCP accredited and who regularly reviews my practice. Confidentiality will be broken if I have concerns that you or anyone else is at risk. If this occurs it will be discussed in the session and recommendations will be discussed and documented in your notes.

As a fully accredited member of the BABCP and HCPC, I adhere to their ethical framework and guidelines to ensure that you receive a professional and quality service.

Information we collect about you and how we use it

Upon starting therapy, basic personal information will be collected for contact and identification reasons.

During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. These will include personal and sensitive details about your life. The assessment and notes are used solely for the delivery of a therapy service to you.

Your rights

You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated or corrected. You have the right to request a copy of the information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

How long we keep your information for - data retention

Your information is kept for the time necessary to provide the therapy service requested, however outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers. In the case of a child under 13 then records will be kept 7 years after they reach the age of majority 18. After this date, all data will be securely deleted.

Sharing of data

There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

Security of your data

Information will be kept securely and confidentially in line with the data retention policy as stated above.

Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional. As an accredited member of the BABCP I operate under a strict code of confidentiality.

I confirm that all of the information I have provided is true to the best of my knowledge. I agree to the terms and conditions of the client contract, and understand the confidentiality protocols governing Tracy Avis's clinical practice. I agree for my personal details to be kept on file with relevance to my future therapy.

(Please read this through before your first session. We can sign and date a paper copy at your first session and I can keep it in your file for my records).