

THERAPY CONSENT FORM

PLATINUM MIND THERAPY

Please read this document carefully. It forms part of the agreement between us.

(NB References to ‘therapy’ in this informed consent form, includes all our therapy, therapeutic treatments, counselling and other services.)

THERAPY

Number of Sessions

The number and frequency of sessions offered will be discussed and reviewed regularly with you. You are free to stop your therapy at any time.

If during the course of therapy, it becomes apparent that you require different help and support for your circumstances then we may signpost you to specialist services and discuss this with you.

Fees, cancellation or missed sessions

We understand that there will be some circumstances where you may need to cancel or rearrange your appointment. We request 48 hours notice of a cancellation or rescheduling unless we reach a different agreement. A cancellation fee will not be charged where sufficient notice is given. Likewise, we will provide notice should we need to reschedule your appointment.

If you need to contact us between sessions to rearrange or reschedule, then please leave a text, WhatsApp message or email us and we will get back to you as soon as possible.

If you miss a session without notice, then please contact us as soon as possible to reschedule. If you miss multiple sessions without notice, then our therapy agreement may be discontinued. We will endeavour to contact you, should you miss sessions and after 2 attempts, or within 14 days, if there is still no contact then our agreement will be deemed to have been terminated.

Payment

Payment should be made 48 hours prior to each session – unless specific arrangements have been made with you.

Payment Details

Will be provided to you when you book.

GENERAL CONFIRMATIONS BY YOU

It is important that you recognise that by signing this Consent Form at the end, you agree to the following:

- You will immediately tell us about any change in your medical status
- You have had the therapy fully explained to you, and fully understand what is entailed. You fully understand that the therapy, is not a substitute for medical treatment and it may take several sessions before you see any benefit. This will depend on a number of factors, such as my lifestyle, general health and ongoing medication.
- You understand that if you have been untruthful with your details or have failed to give enough relevant information, the outcome of any therapy, could be adversely affected and your health and well-being may be put at risk.
- You understand the therapist does not claim to cure or to diagnose any medical condition in the same way as a doctor or physician. Their opinion is that of a holistic, complementary and alternative therapist, and their professional opinions, advice, examinations and recommendations do NOT constitute the medical advice of a doctor or physician.
- You voluntarily agree to treatment and are under no compulsion to have any treatment whatsoever.
- You accept that just as medications sometimes causes unexpected side effects, therapy can stimulate painful memories, unanticipated changes in your life and uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. In some cases, symptoms may become worse during the course of therapy (very occasionally, necessitating hospitalisation). Another risk of therapy is that throughout the process of therapeutic change, it is not uncommon for clients to reach a point of change where they may feel they are different and no longer able to be the same person they were upon entering therapy. At times these feelings can be unsettling

CONFIDENTIALITY

We require certain information to be able to offer you services this includes name, address, contact details, date of birth and GP contact details.

Keeping your information

All the information you provide is kept securely by a confidential electronic file, together with any reports/letters and information discussed within the sessions, including any written notes pertaining to the session.

The information you share will be kept securely for an appropriate length of time – currently for GDPR and insurance purpose this is stated as 7 years. It will then be disposed of securely. All information stored is held in accordance with the Data Protection Act (2018). We are also registered with the Information Commissioners Office (ICO).

The terms of PLATINUM MIND THERAPY LTD's Privacy Notice, which is available at: www.platinummindtherapy.co.uk, are incorporated into this Consent Form and accepted by you. Please let us know if you would like a written copy of the Privacy Notice.

SESSION NOTES/CCTV RECORDS

Session notes/CCTV records of the sessions are made to help retain information and to be used where necessary for supervision. All therapists must have regular monthly supervision to ensure they are practicing safely. Our supervisor is bound by the same rules of confidentiality.

These notes, whether paper or electronic, will be kept as long as necessary. They will also be kept securely in a locked filing cabinet or as part of an electronically password protected document.

Exceptions to confidentiality

There are some exceptions to confidentiality which are listed below

- When it would be in the wider public interest to share the information. For example, when an individual discloses the intent to commit a serious crime or gives any information about a serious crime which has been committed.
- If a therapist believes a child or vulnerable person might be at risk of neglect or abuse by someone. In this instance a therapist will seek professional advice and possibly to pass this information on to appropriate agencies.
- If you or someone else is at risk of serious harm to yourself or another person. For example, if you are feeling suicidal or actively planning to harm another person. In this instance the therapist may need to contact your GP.
- In specific rare circumstances, a court order may order the release of either information or notes about your care.

UNPLANNED ENDINGS

In the event that we are unable to continue to offer therapy, due to exceptional circumstances then we, or an appropriately qualified professional, will contact you on our behalf to discuss a way forward. In this instance, your name and contact details will be provided to the individual nominated by us to contact you on our behalf.

SOCIAL MEDIA

We do not accept friend requests from current or former service users on any social networking sites. This is to ensure privacy and confidentiality and to not compromise the therapeutic relationship in anyway. We also request that you do not communicate with us via any social networking sites.

TELEPHONE & EMERGENCY PROCEDURES:

We are not able to provide crisis support between sessions and do not provide a crisis service. If, during the course of our work together, you find yourself at risk of harming yourself or others, we can discuss alternative help.

If you need immediate support, then please contact either your GP emergency service or The Samaritans (**freephone 116123**).

HOLDING OF YOUR DATA – PRIVACY POLICY

Please see our privacy policy, which is available in full on our website: www.platinummindtherapy.co.uk or a copy can be emailed to you.

COMPLAINTS

If you have concerns about your therapy, please try speaking to us first to see if we can sort this out between us.

If you feel this is not possible then you can contact the *British Association of Counselling and Psychotherapy* (BACP) directly either by telephone: 07811 762 114 or 07811 762 256, email: ask@bacp.co.uk; or via the *Ask Kathleen Service*: <https://www.bacp.co.uk/abouttherapy/ask-kathleen/>. You may contact GHR at admin@general-hypnotherapy-register.com

CONSENT

I / We have read, understood and agree all of the contents of this Consent Form.

	Therapist	Client
Name (printed)	Subaig Singh Kandola	
Signature		
Date		