

## Dr Lisa Dvorjetz, CPsychol

### Client Information and Agreement

This is a mutual agreement between Dr Lisa Dvorjetz (counselling psychologist)

and \_\_\_\_\_ (client).

**Client's address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**GP name and address:**  
\_\_\_\_\_

**GP phone number:** \_\_\_\_\_

**Insurance policy number and pre-authorisation code:** \_\_\_\_\_

#### **Frequency and duration of therapy**

Sessions last for 50 minutes and the whole session time belongs to you. If you arrive part way through your session then I will only be able to see you for the remainder of that session and not extend over the allocated time.

After our initial meeting and we agree to proceed with therapy, I will ask you to commit to attending regular sessions on the same day and same time. If you would like sessions to be more or less frequent it may be possible to make alternative arrangements, but this will be subject to availability. Sessions will not take place if you are under the influence of alcohol or other substances.

#### **Payment**

Each individual session is £85 or £100 for a couples/relationship counselling session which is to be paid by cash or cheque at the end of every session or by bank transfer within the week following the session.

If you are paying via an insurance company then you will need to check with them as to how many sessions you are covered for. There is a small administration fee that is added to the session cost, which is dependent on the company you are registered with. You will be responsible for paying any surcharges that are not covered by your policy. Please note that cancellations or missed appointments are not covered by insurances.

Charges will be reviewed each year and if there are any changes then I will give you at least one months' notice of any increase.

#### **Late payment**

I will exercise my statutory right to claim interest and compensation for debt recovery costs under the Late Payment legislation if I am not paid according to our agreed credit terms.

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### Cancellations, non-attendance and breaks

If you are unable to attend your appointment please let me know as soon as possible (and not less than 48 hours). Where there is less than 48 hours' notice or you do not attend your session, the full fee for that session will be incurred.

I will endeavour to give you as much notice as possible for any holidays or other absences that I foresee. For any unforeseen emergencies, I will aim to make alternative arrangements for the missed session if possible.

### Confidentiality

The content of our counselling sessions remain confidential. The only exceptions to this are:

- If you threaten to harm yourself or someone else
- If I believe there is a child or adult at risk of harm or abuse
- If you share information about a proposed act of terrorism or other illegal act
- If the court of law asks me to disclose information
- As part of adhering to the British Psychological Society's code of ethics I am required to undertake clinical supervision with a qualified supervisor and therefore may discuss aspects of your therapy. Your identity will always be kept anonymous and discussion is held within the professional framework.

### Notes and record keeping

Any notes that I keep are anonymous and kept to a minimum. Your personal information (name, address etc.), signed contract, confidential case notes, and service evaluation are kept in accordance with the General Data Protection Regulation (GDPR) that comes into effect on May 25<sup>th</sup> 2018.

For further information, please refer to the data privacy policy.

### Complaints

As a practitioner counselling psychologist it is my statutory requirement to be registered with the Health & Care Professions Council (HCPC). Any issues related to my fitness to practice should be directed to them.

### Emergencies

I do not offer emergency support as I cannot guarantee my availability to you. Should you require urgent assistance please contact the emergency services, your GP or the Samaritans (116 123).

### Agreement

You have the right to withdraw from therapy at any point and I have the right to withdraw my provision of psychological services.

By signing this form I agree to the terms and conditions stated above. I also agree to the Data Privacy Policy that has been sent to me in a separate document.

Your signature	My signature
Date	Date