Agreement between therapist and service user.

For us to go ahead with online therapy it is important that we agree the terms and conditions under which we will work together. The first and most important principle is that you (and your partner if you have one) are able to make and exercise free choice to accept or refuse therapy. In order to do that you will require information about what is expected of you and what you can expect from me which I outline below.

I, Sue Lennon am a qualified psycho-sexual therapist, a member of the College of Sex and Relationship Therapists and adhere to the professional standards set out in their Code of Ethics and their Conduct Procedure both of which can be found on their website at [www.cosrt.org.uk](http://www.cosrt.org.uk).

I can be contacted by: Email address: suelennonpst@gmail.com

**Fees and payment.**

My fee per 40 minutes online therapy session is £75 – or the equivalent in Euro’s. Should we agree to continue with therapy after your initial appointment (which is free of charge) I expect payment for each session to be made at least 24 hours before our session. I use TransferWise for my banking and will share account details once we have determined which currency you are using. It is easy to set up.

What if?

If a session is not paid for in advance, then it cannot go ahead. If you need to cancel a pre-arranged appointment, please give me at least 24 hours’ notice by email and remember that another waiting client could have benefited from that slot - if you fail to cancel, it is wasted. If you do not cancel within 24 hours, or you fail to attend an appointment, you will incur the full fee for that session.

How many sessions?

How many sessions you need depends on the nature of what you present and your goals. We will also negotiate frequency of sessions to suit your particular circumstances.

Please note.

I cannot work with you if you are under the influence of alcohol or mood-altering substances. If I have to end a session for this reason, then you will be charged the full rate for that session. Likewise, if you have children in the vicinity, no matter their ages.

**Confidentiality.**

I only work online and am aware that no online platform is 100% secure and risk free. Zoom is my platform of preference. I will always invite you to an appointment, will ‘lock’ the meeting once we are all attending and importantly will never accept an invitation from you. I will never record a session and I expect the same courtesy from my clients. I work from an office where I cannot be overheard and will not be interrupted, you are advised to consider your own environment and privacy when we have an appointment. I will never accept an invitation from you on any personal social media – I do not mean offence, but please don’t ask.

All information discussed in our sessions remains confidential and will not be disclosed to any person / organisation without your express consent. Exceptions to this arise should I be required to disclose information by a court of law, or if there is compelling evidence that you intend to hurt yourself or others. In that event then I will need to break your confidence by informing your doctor or in serious cases, the police, emergency services or other appropriate service. Wherever possible, if appropriate, you will be informed of this.

All therapists are required to have clinical supervision, which sets out to ensure your safety and mine. My clinical supervisor will hear your case from time to time and help guide your therapy. Your name will not be shared at these discussions in order that your confidentiality is protected. Any information that a supervisor receives is treated with the same respect and is subject to the same ethical criteria as therapy itself.

**Data Protection.**

The 2018 General Data Protection Regulation (GDPR) and sets out to protect you and your personal data. Very similar rules apply throughout Europe - in France it is www.CNIL.fr that regulates data protection and to whom you would complain in the case of unlawful data processing. The data I hold about you includes contact data from your initial email enquiry, your address, a contact number and your family doctor. It is important that while you remain a client, you inform me if any of these details change.

I keep a note of the number of sessions that you have and payments you make for business accounting purposes. I record brief notes on paper about what you tell me in therapy sessions so that I can review your progress over time. None of these include your full name or other details. All papers are held in a locked filing cabinet, along with my diary and these are held for 7 years which is a professional requirement. Clients do retain the ‘right to be forgotten’ however, and records will be destroyed if you both request this in writing.

You also have the right to request access to your notes (by writing), however if you are a couple, both parties must agree. Should you request access then proof of identity and address will be required from both of you. After receiving all documents then I will respond within 30 days.

No data will be shared unless it is agreed to discuss something with your GP or hospital consultant. I will ask you sign a consent form before proceeding.

Sadly, as already outlined, there are occasions when confidentiality has to be breached, notably if someone is at risk of serious harm, or if information must be disclosed as part of a civil or criminal court process. If possible, this will be discussed beforehand.

In the event of my being incapacitated by illness or injury for example, a trusted third person (known as a professional executor) will have access to my client list and will contact you directly to explain the situation. This is a professional requirement. Executors also work to the same rules of confidentiality as therapists. Any other data breech will be disclosed to you as soon as possible.

**Statement from client-**

I have read and understood the details set out in the document ‘Agreement between therapist and service user’ provided by Sue Lennon which informs this contract between –

Sue Lennon, Psychosexual Therapist and

Client/s: (Block capitals please)

Client 1 address:

Postcode:

Phone Number:

Email address:

GP details:

Client 2 address:

Postcode:

Phone Number:

Email address:

GP details:

By signing below, I/we the clients agree to the outlined terms and to the use of data that we provide for the purpose of delivering psycho-sexual therapy to me / us.

Signed and dated………………………………………………………………………………………………………………..Client 1

 …………………………………………………………………………………………………………………Client 2

 …………………………………………………………………………………………………………………Therapist