

Lisa Gorman MA
HCPC & BAAT Registered Art Psychotherapist
www.lisagormanpsychotherapy.com
contact@lisagormanpsychotherapy.com
T. 07946893052

Therapy Agreement

This is a mutual agreement negotiated between the Therapist and the Client prior to the commencement of Therapy. It outlines the responsibilities of the Therapist towards the Client, and also the Client's responsibilities in the therapeutic relationship.

This contract is between Therapist Lisa Gorman, and _____
Client.

Dated: _____

Client's Address:

_____ Postcode:

_____ Phone Number(s): Please state if it is acceptable to leave you
a voice message by circling: YES NO

GP details, Name, Address, Email & Telephone:

Therapist:

I am a member of Health and Care Professions Council HCPC & British Association of Art Therapists BAAT I practice within both organizational code of ethics for Professional Art Psychotherapists. All the codes of ethics can be found in more detail on the website of each organization: Health and Care Professions Council <http://www.hcpc-uk.co.uk/> British Association of Art Therapy BAAT www.baat.org.co.uk



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Insurance:

I hold professional liability insurance. I am also checked by Disclosure and Barring Service DBS.

Confidentiality:

This is a very important aspect of the therapeutic relationship. Everything that is discussed in the session is kept in the strictest confidence.

As a member of HCPC & BAAT professional organisations, it is mandatory to attend regular supervision to discuss the work with each Client from time to time and the images you may have made as part of Best Practice. Any information that a Supervisor receives is also treated as strictly confidential and subject to the same ethical criteria as a HCPC & BAAT Registered Art Psychotherapist.

I keep private information and some brief notes following a session, along with any images a Client may make which will be kept securely stored. All personal information and images will be kept in accordance with, Data Protection Laws 2018. You will be asked to consent to each different proposed use and you will not be asked to give a blanket consent. I am registered with the National Data Protection Authority (currently the Information Commissioners Office, ICO)

If I change my mind about sharing information & images in supervision can I withdraw my consent? You can contact me via email or by telephone message and I will get back to you as soon as possible. I will amend your choices as soon as we can meet to review your consent form.

I give explicit consent to only share information as part of Best Practice with a Registered Art Psychotherapist Supervisor.

Client signature

I give explicit consent to only share art-works made as part of Best Practice with a Registered Art Psychotherapist Supervisor.

Client signature

I understand that, private & sensitive information will be kept during the duration of the Therapy and for a further six years from end of Therapy. Then disposed of sensitively and in accordance with Data Protection Laws 2018

Client signature

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Confidentiality continued:

I have a duty of care to my Clients therefore if there were convincing evidence that a Client intended to harm themselves a minor/s or others, I would be required to break confidentiality by informing the Client's Doctor, or in serious cases the Police, emergency services, or other appropriate third party. Wherever possible, and if it is considered appropriate, you would be informed of this.

I will invite you to use the mobile phone number/texting or email as a way of contact for arranging and re-scheduling appointments etc. Please use this if needed rather than contacting the Thrive Office. This mobile number should only be used for this purpose, and this privilege must not be abused. Contact is during office hours only. Please be specific which telephone number you wish me to use for contact and indicate whether it is acceptable to leave a message.

Should you need support between sessions, please contact your GP or one of the following organisations for help: www.mind.org.uk, www.mentalhealth.org.uk, www.samaritans.org.uk (Telephone: 08457 909090), www.depressionalliance.org/, www.depressionanon.co.uk, You may also want to contact your Therapist to bring your appointment forward.

Sessions:

Sessions last for 50 minutes. You would usually meet with your Therapist once a week, at the same time and day each week. The whole session time belongs to you, whether you choose to attend or not, I will be present for the entire time of the session. If you arrive part way through your allotted time, I will see you for the remainder of the time. If your circumstances change and the session time is no longer suitable, I will do my best to accommodate this and offer you an alternative time. Therapy is for individuals only; no other person will be permitted in the Therapy room at any time or for any reason.

As there is not a receptionist at the Thrive office please be aware: I am unable to respond to the intercom if you arrive early for your appointments.

Cancellation and Holidays: If you are unable to attend a session, provided you give plenty of notice (and not less than 24 hours), I will do my best to accommodate this and offer you an alternative time or date. However, if this is not possible, the full fee will be charged for the missed session. Cancellation of an appointment or failure to show for an appointment will also incur the full fee. I will be available for you with the exception of my holidays and occasional times when I might attend a training workshop or a conference. I will give you as much notice as possible if I am unable to make a session. In the event where I need to miss your session because of illness, I will give you as much notice as possible, and will try to offer you an alternative time. Sessions missed due to your Therapist's unavailability are not charged for.

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Fees:

£60 per fifty-minute session. The first one hour consultation session is £70. This amount can be negotiated at the Therapist's discretion. Charges will be reviewed each year and I will give at least one month's notice of any increase. Payment is due at the session in cash or by cheque. Payment arrangements can be negotiated at the Therapist's discretion.

Duration of Counselling:

This is something that you will negotiate with your Therapist. You might agree to work together for an initial period and then review things. It is important for you to know that it is the Client who has the deciding say on whether or not to continue.

Face-to-Face contact outside sessions:

Should you happen to meet your Therapist outside of your session please be aware that I will not greet you. This is to protect your privacy and maintain confidentiality. This is especially important if you are with other people. If you acknowledge me openly, then I will respond in an appropriate, professional manner. Should you find yourself in a situation where you and your Therapist are part of the same group, either social or professional, serious consideration will be given to the complications of this dual role relationship. Where appropriate, and possible, your Therapist will withdraw.

Facebook, Twitter, Linked in and all social media:

Please do not invite me to join you on any social media. I am not permitted to do so under my strict Codes of Ethics, and refusal can cause offense where none is intended.

Endings:

You will normally know when you are ready to finish Therapy and you can address this issue with your therapist within a session. I ask that you give at least one week's notice before finishing so that you can have the chance to discuss your decision, but there will be no pressure on you to continue with Therapy. I will not be able to work with you if you are under the influence of alcohol or other mind-altering substances. If this were found to be the case, I would have to end the session and you would be charged at the normal rate. I reserve the right to terminate therapy where the client is not abiding by the agreement, or is perceived to be a threat to the Therapist's well being. Abusive behaviour is unacceptable and will not be tolerated.

Disposal of Client's art expressions:

Art works should be kept within the therapeutic relationship and the disposal of such artwork should be negotiated with the client.

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Data Protection Statement:

Data Protection Act 2018 which gives clients the right to access personal data held about them. Some of this data may be classified as sensitive personal data which includes but is not limited to information concerning gender, sexuality, racial or ethnic origin, political opinions, religious beliefs, physical or mental health, relationships, sexual life, criminal proceedings and convictions. We can only use your sensitive personal data with your consent which we ask you to give by signing this form. Both personal and sensitive personal data is used by me to provide the best possible service to you and to ensure that I continue to offer the highest possible standards in delivery of care to clients.

PLEASE READ THIS CONTRACT CAREFULLY

Check what you and your Therapist have agreed today. If you wish to negotiate any changes I will be happy to do so before you sign.

I give explicit consent to Lisa Gorman HCPC & BAAT Registered Art Psychotherapist using my personal and sensitive data in accordance with the Data Protection Act 2018 for the purposes of delivering Therapy and for management of the quality of the service that is delivered.

This agreement is fully understood and agreed to and, is signed as it stands by:

Client's Printed Name & Signature:

Therapist's Printed Name & Signature:

Date: _____

Further negotiations during Therapy can be recorded here: