Creative Psychotherapy

Katia Demetriou

MA Integrative Arts Psychotherapy; Diploma Therapeutic Application of the Arts; Diploma Supervision; Somatic Trauma Therapy; EMDR

HCPC; BAAT, EMDR UK Association

Psychotherapy Contract

This agreement sets out the terms of my working practice: my responsibilities towards you, the client, and your responsibilities towards me, the therapist.

Confidentiality: I maintain confidentiality in keeping with HCPC standards of conduct. In order to ensure safe and effective practice, I engage in regular confidential, clinical supervision. Your identity is not disclosed.

There are limits to confidentiality and, in the following circumstances, I aim to discuss the issues with you prior to potential disclosure to a third party:

- if I am concerned about risk of harm to yourself or others
- if I receive a subpoena or court order requesting your records
- if you want information disclosed to a third party (pro rata payment required for documents created outside of scheduled sessions)

Exceptional circumstances that prompt disclosure, *without notice*, includes when there is imminent risk of harm, and where disclosure is bound by law re: the Drug Trafficking Act, the Terrorism Act and the Road Traffic Act.

Record Keeping: Anonymised, digital, session notes are password protected and securely stored separate to your personal details. Unless you request otherwise, notes are deleted and this contract is shredded or deleted 7 years after therapy has ended. Personal details are deleted/shredded once therapy has ended.

Any images/artworks you create are yours to take or leave. With your consent, I sometimes photograph images/artworks. Once therapy has ended, whatever you leave with me will be shredded, deleted and disposed of, except where you have given consent for their use in training (see over/next page)

Sessions are not to be recorded by video or audio means without the prior written, signed, consent of us both.

Fee: £75 per session. Pay by bank transfer **at least** 24 hours (Monday to Friday) in advance of each session to secure the appointment: **Lloyds Bank Account: 22659463; Sort Code: 30-96-91**. Fees are reviewed annually with, at least, a month's notice of any increase.

Sessions: each session is 60 minutes, timetabled at the same time each week, unless otherwise agreed. For online sessions, do familiarise yourself with the zoom guide emailed prior to the initial consultation.

Cancellations, missed sessions, lateness and holidays: Your sessions are booked as a regular appointment, reserved solely for your use each week, and are payable **in full** with less than 24 hours notice (Monday to Friday) of cancellation. The full fee is also payable if you fail to attend or if you arrive late.

I aim to give you 4 weeks' notice of any planned breaks. If I am unable to make a session and also unable to contact you personally, I have a confidential arrangement with a colleague to contact you on my behalf. I do not charge for sessions that I cancel.

Commitment: It is likely that, at times, you will experience painful feelings and find our work together challenging. A firm commitment to the process, keeping absences to a minimum, allows me to support you to make sense of these feelings and integrate them into your wider experience.

Endings: You can, of course, end therapy at any time. I suggest giving notice in advance, so we have the opportunity to review your experience, address any unresolved issues and consolidate any gains. In exceptional circumstances, which would become clear in the course of our work together, I will recommend that we end our contract. If payments fall into arrears or if you do not attend two consecutive sessions without prior consultation and agreement, I will assume you do not want to continue working with me.

E: katia.creativetherapy@pm.me T: 07985 630 260 W: www.creative-psychotherapy.co.uk

Complaints: let me know if you have any concerns. If you feel unable to do so or are unsatisfied by my response, you can approach the HCPC (www.hcpc-uk.org) Any disputes or claims against me are subject to the laws of England and Wales.

Contact between/outside of sessions: Email, text or telephone for practical purposes only, i.e. cancellations. If required, I will respond within 48 hours during office hours (see website for up to date information). Outside of office hours, and during planned breaks, I do not access, read, listen or reply to messages.

In order to maintain confidentiality and the boundaries of the therapeutic relationship, I do not engage with therapeutic material outside of sessions (via email, telephone or text) and will not acknowledge or approach you outside of sessions, i.e. in public. However, with your consent, I may email you resources, or links to information, that may be useful for you.

Counselling/Psychotherapy is not a crisis or emergency service
In the UK, if you need to speak to someone urgently, call your GP for an emergency appointment, or contact the NHS 111 service, the Samaritans on 116 123, or text SHOUT to 85258. In an emergency, dial 999 or go to your local A&E department.

If you have any questions or concerns about this agreement, please let me know as soon as possible.

CLIENT & THERAPIST AGREEMENT

I, (print name) _____ agree to undertake psychotherapy in accordance with the terms outlined above.

Client signature: _____ Date: _____

I, Katia Demetriou, agree to provide a psychotherapy service in accordance with the terms outlined above.

Therapist Signature: _____ Date: _____

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CPD: Continuing Professional Development: From time to time I am involved in training and use *anonymous* examples of content, images and/or artworks from therapy sessions to illustrate theory and reflect on practice. If you agree to my use of anonymised content/artwork for training purposes, complete the form below.

This is a voluntary act and does not affect our work together: I will work with you whether you consent or not.
If you do consent and later wish to withdraw consent, please do so in writing.

☐ **Yes**, I give consent for the therapist to use anonymised content/artwork for training purposes

Signature: …….. Date: ……

Print Name: ……

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