

# Creative Psychotherapy

Katia Demetriou

Arts Psychotherapy, Trauma Therapy & EMDR

HCPC registration: AS15124; BAAT membership: 30850; MBACP registration: 145810

EMDR UK Association membership: D0420

## 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 BACP guidelines and HCPC standards of conduct. I undertake regular clinical supervision in order to ensure safe and effective practice. Supervision is confidential and your identity is not disclosed.

Please note that there are limits to confidentiality. In the following circumstances, I aim to discuss the issues with you prior to any disclosure of confidential information:

- 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, the client, want information disclosed to a third party (pro rata payment requested for the preparation of materials outside of 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 contact details. Unless you request otherwise, notes are deleted 7 years after therapy has ended. Contact 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)

**Fee:** £70 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**. If sessions are face to face, you may choose to pay by cash in session. Fees are reviewed annually, with six weeks' notice of any increase.

**Sessions:** 60 minutes each, timetabled weekly, and at the same time each week, unless otherwise agreed. Please do not arrive early for face to face sessions, as there is no waiting room.

**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. Appointments cancelled with more than 24 hours notice, including advance notice of holidays, are not charged.

I aim to give you as much notice as possible when I am unable to make a session. If, for any reason, I am 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. By developing your self awareness in this way, you become better equipped to cope, and thrive, in future.

**Endings:** You can, of course, end therapy at any time. I suggest giving notice in advance, so we have time to address any unresolved issues, consolidate any gains and review your experience.

If you do not pay or attend two consecutive sessions without contact, or prior consultation and agreement, I will assume that you no longer wish to continue with therapy. In exceptional circumstances, I may recommend that we end our contract.

**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 either of the following professional bodies to complain: the BACP ([www.bacp.co.uk](http://www.bacp.co.uk)); HCPC ([www.hcpc-uk.org](http://www.hcpc-uk.org))

**Contact between/outside of sessions:** Email, text or telephone for practical purposes only, i.e. cancellations. If required, I will respond within 48 hours (weekdays only). See website for up-to-date information re. office hours.

Please note: 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** 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 I also write about my practice. I use *anonymous* examples of content, images and/or artworks from therapy sessions to illustrate theory and reflect on practice. Please let me know if you agree to my use of anonymised content/artwork for training and/or publication purposes.

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

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

Signature: ..... Date: .....

Print Name: .....