

Creative Psychotherapy

Katia Demetriou

Arts Psychotherapy, Trauma Therapy & EMDR

BACP registration: 145810; HCPC registration: AS15124

EMDR UK Association membership: D0420

Counselling/Psychotherapy Contract

This agreement sets out the terms under which I work: my responsibilities towards you, the client, and your responsibilities towards me, the therapist.

Confidentiality: As a registered member of the British Association for Counselling and Psychotherapy (BACP) and the Health and Care Professions Council (HCPC) I maintain confidentiality in keeping with their ethical guidelines and 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.

Limits to confidentiality, which may prompt disclosure to a third party, include:

- if/when I am concerned about risk of harm to yourself or others - I aim to discuss my concerns with you first
 - if/when I receive a subpoena or court order requesting your records - I aim to notify you before submitting records
- Exceptional* circumstances that oblige me to breach confidentiality, *without notice*, relate to the Drug Trafficking Act, the Terrorism Act, the Road Traffic Act and the Children Act.

If you would like me to disclose information to a third party; we will discuss your request in order to agree on the information to be shared. Written, signed, consent will be requested before information is disclosed.

Record Keeping: Brief, anonymised, digital, notes, are password protected and securely stored separate to your contact details. They are deleted 7 years after therapy has ended (or after your 18th birthday, whichever later), unless you request otherwise.

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 choose to leave with me will be shredded, deleted and disposed of, except where you have given consent for their use in training (see over)

Fee: £60 per session. Pay by card or cash in session, or by bank transfer in advance: by the end of the day *before* each session. Metro Bank Account: 33446608 Sort Code: 230580. Fees are reviewed annually, with six weeks' notice of any increase.

Sessions: Sessions are 60 minutes, timetabled at the same time on a weekly basis, 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 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: Please give notice when you feel ready to end therapy, so we can address any unresolved issues, review your experience and finish in an appropriately therapeutic manner. I recommend a week's notice for short term work (up to 12 weeks) In the case of longer term therapy, we will agree on the lead time up to ending.

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 remain unsatisfied by my response, you can make a formal complaint to the BACP (www.bacp.co.uk) or HCPC (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 (Mondays to Fridays only; 8am - 8pm)

Please note: in order to maintain confidentiality and the boundaries of the therapeutic relationship, I do not engage in therapeutic work outside of sessions, via email or text, and will not acknowledge or approach you outside of sessions, i.e. in public.

Counselling/Psychotherapy is not a crisis or emergency service If you need to speak to someone urgently, call your GP for an emergency appointment, NHS 111, the Samaritans 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 counselling/psychotherapy in accordance with the terms outlined above:

Client signature: _____ Date: _____

I, Katia Demetriou, agree to provide a counselling/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 artworks from therapy sessions to illustrate theory and support an understanding of practice. Please let me know if you agree to my use of anonymised content/artwork for training 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

Signature: Date:

Print Name: