

## Counselling and Hypnotherapy Agreement

It is my professional responsibility to ensure that you receive the mostly appropriate form of help. Should it become clear that what is offered is not the most suitable or helpful approach to meet your needs, I will endeavour to suggest alternative sources of professional support. All decisions are in your best interest. I am bound by my professional body's code of ethics and do not, knowingly work beyond my level of competence.

### Confidentiality

**All information you share is confidential.**

The *exceptions* are as follows:

If at any time I deem, in my best interest that you are at risk of harming yourself or others. In this case, I reserve the right to contact outside agencies, usually the emergency services. If at any time I am required by law to disclose information, for example, legally I have to inform the authorities if you disclose an act of terrorism. In all cases, wherever possible, a break in confidentiality will be discussed with you prior to any action being taken.

### Fees

Session	Period	Price	Payment Terms
Children and Young People Under 21	45 mins	£45.00	Payment in full 7 days in advance
Adult Individual Session	60 mins	£65.00	Payment in full 7 days in advance
Adult 3 Session Package	3x 60 mins	£180.00	50% payable 7 days in advance with 50% balance paid at first session
Adult 6 Session package	6x 60 mins	£325.00	25% payable 7 days in advance with further 25% paid at first 3 sessions
Smoking Cessation	120 mins	£150.00	50% payable 7 days in advance with remainder payable on the day

Counselling and Hypnotherapy session time is reserved for you only. The firm time boundary of the session is important and your individual session time is reserved for you only. Please arrive for your session 10 minutes before your appointment start time. If you are late, the session will not be extended.

Payment can be made by Bank Transfer, PayPal, cash or cheque.

### Privacy

The Counselling and Hypnotherapy Privacy Policy can be found on the website:

[www.allaboutyou-therapy.co.uk](http://www.allaboutyou-therapy.co.uk)

This complies with GDPR law.

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### Cancellation and Re-arrangements

**For any cancellation made with less than 48 hours notice or no notice, there will be no refund.**

Any cancellation made with more than 48 hours notice will be subject to a 25% charge. Where the appointment is rearranged, additional payment will be payable at least 7 days before the new session (or immediately if the arrangement is less than 7 days hence). We will contact you 3 days before your appointment to reaffirm your appointment to minimise inconvenience.

### Important information regarding therapist's clinical supervision

Supervision is in accordance with the National Hypnotherapy Society's recommendation. This states that all hypnotherapists must have ongoing supervision on a regular basis. The clinical supervisor also follows a professional code of ethics and privacy and confidentiality is paramount. Exceptions to confidentiality apply as above.

### Disclaimer

Hypnotherapy is a natural and safe, self-help process and is not the practice of medicine. The hypnotherapy services provided are for educational and self-improvement purposes and are not intended for the diagnosis or treatment of any medical or psychological condition. If you have an ongoing medical illness or impairment, please consult a medical doctor, psychologist or psychiatrist. We do not represent our services as any form of health care and despite research to the contrary, by law we may make no health benefit claims for our services. We offer hypnosis services in accordance with The Code of Ethics and Standards prescribed by The National Hypnotherapy Society. I am a registrant member of this organising body and my registration number is HYP16-03488.

It is your right to refuse any aspect of our services and to seek the services of another counsellor or hypnotherapist at any time.

**I declare that I have read this Counselling and Hypnotherapy Agreement and that I fully understand and agree to the terms and conditions described.**

**Client Signature:**

**Date:**

**Therapist Signature:**

**Date:**

**Debbie Harris**

**BA (Hons) in Education, Dip Hyp CS, QTS**

**[www.allaboutyou-therapy.co.uk](http://www.allaboutyou-therapy.co.uk)**

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