<<INSERT YOUR LOGO>>

**CLIENT AGREEMENT TEMPLATE**

**Confidentiality**

Everything that you discuss with [me/your therapist is confidential]. Confidentiality will only be broken if there is concern about your safety or the safety of someone else or we are instructed to do so by a Court of Law. We will always endeavour to speak to you about this first.

[Your therapist will ensure that sessions are conducted in a confidential setting & we have chosen video calling software that offers end to end encryption to further protect your privacy. *Please note that we cannot be held responsible for any breaches caused by failures in this technology.] \*\*If offering remote sessions*

[I discuss /Your therapist discusses] their clinical work with a supervisor. This is to ensure that [I am / they are] offering you the best service possible. These conversations are bound by confidentiality & you will only be referred to by your first name.

Notes are also kept of each session. These are anonymised & are [either stored in a locked filing cabinet or stored securely in a password protected file within the Kiku system.] These notes are for [my / your therapist’s] use only & help [me / them] to keep a track of everything that is being discussed. In line with industry standards, these notes must be kept securely for up to 7 years after your therapy comes to an end, after which they will be confidentially destroyed.

You have the right to view these notes at any time. To make this request please [contact me directly / speak directly to your therapist or contact our admin office].

All confidential information is held in accordance with the GDPR, 2018 using the secure & encrypted Kiku system (please see their Privacy Policy for more information at <https://www.wearekiku.com/privacy-notices>).

[My/ Our] full terms & conditions & privacy policy can be found [PROVIDE DETAILS]. Please see the Privacy Policy for more details about how data is used & stored, as well as your rights under the GDPR guidelines.

**Appointments**

All appointments last for [ADD SESSION DURATION] & [we will usually meet / you will usually speak with your therapist] on a weekly basis.

Please ensure that you choose a quiet & private location to conduct your online or telephone sessions & that you log in on time to make full use of the appointment. Please note that sessions cannot be extended beyond the agreed time.

Should [we / either you or your therapist] experience any technical difficulties, [I / your therapist] will endeavour to switch to an alternative session format (e.g. another video calling platform, telephone or alternative phone line) so the session can continue with minimal disruption.

Outside of your agreed therapy sessions, it is not usual for you to have contact with your therapist. If you think that you may need extra support, please discuss this directly with them.

**Payment**

[ADD YOUR DETAILS ON HOW YOU’D LIKE YOUR CLIENTS TO PAY]

e.g. Payment for your sessions is made at the point of booking by card using the Kiku system. If you are paying using your Kiku account, please ensure that you make payment within 24 hours of making the booking. ***In the absence of payment your session may be cancelled.***

In the interest of your privacy payments will show up on your account statement under Kiku’s legal entity name “Sixten Eighty Ltd.”

**Making changes to your appointments**

[ADD YOUR CANCELLATION POLICY DETAILS AND LET CLIENTS KNOW HOW THEY CAN MAKE CHANGES TO BOOKINGS]

e.g. If you need to cancel or rearrange an appointment with us, you can do this via your Kiku account. Alternatively, please call [ADD PHONE] or email [ADD EMAIL] to [let me know / speak to our admin team].

[I /We] ask that you give at least **48 hours notice** of any changes to be eligible for a refund. This gives [me / us] the opportunity to reallocate the hour to someone else.

The **full session fee** will be charged for cancelled sessions, where two working days notice has not been given & for non-attended sessions, where no prior notice has been given. Please note, that for therapy to work, regular attendance is essential.

Where sufficient notice has been given, there will be a **cancellation fee of £2.50** to cover card processing and administrative costs.

**Breaks in Therapy**

For counselling to be effective regular & consistent attendance is essential. It is also important that [we / both you & your therapist] are aware of any planned breaks so that [we / you] can prepare. [I / Your therapist] will endeavour to give you at least 6 weeks’ notice of any holidays & [I / we] ask that you try to do the same.

**Raising Concerns**

Should you have any problems at all with the service that you receive, please let [me / your therapist] know. If this does not resolve the issue, I am registered with [ADD REGULATORY BODY AND REGISTRATION DETAILS] / [please raise your concerns with our Practice Manager, by emailing [ADD EMAIL].

You can view [my / our] full terms & conditions on [my /our] website [ADD WEB URL]

I / We hope that your time at [INSERT PRACTICE NAME] will be a really positive experience & [I / we] look forward to working with you.