PSYCHOTHERAPY CLIENT AGREEMENT

Informed Consent & Terms of Working Together

This Agreement is between:

The Client ("you")

and

Kingston and Surbiton Centre Ltd (Company Number 17130654) ("the Company", "we" or "us")
Registered Office: 3rd Floor, 86-90 Paul Street, London, England, EC2A 4NE, United Kingdom
Therapist providing the services: David Hopkins

1. Professional Standards & Our Commitment

I remain registered with a relevant professional body and will adhere to their respective codes of ethical practice. Details of which are available on request. I will additionally at all times hold professional indemnity insurance and a current DBS check. I receive regular clinical supervision to support the quality and safety of the service provided to you.

The Company is registered with the Information Commissioner's Office (ICO) as a Data Controller. You may contact the ICO at www.ico.org.uk if you have any data protection concerns.

2. Confidentiality & Data Protection

Confidentiality

All information shared during therapy is treated as confidential. There are, however, important legal and ethical limits to confidentiality:

- If I consider there to be a serious and imminent risk of harm to you or to another person (including safeguarding concerns relating to children or vulnerable adults), I may need to disclose information to the relevant authorities or emergency services. I will discuss this with you where it is possible and appropriate to do so.
- If disclosure is required by law, court order, or other statutory obligation.
- For the purposes of clinical supervision (information will be anonymised or pseudonymised wherever possible).
- Where you have given explicit written consent for information to be shared (for example, with your GP or another professional).

Record Keeping & Your Data Rights (UK GDPR & Data Protection Act 2018)

Basic registration details and this signed Agreement are stored securely (in locked cabinets and/or encrypted digital systems). Session notes are kept to the minimum necessary, anonymised or pseudonymised where possible, and stored securely.

- Session notes are generally destroyed one year after the completion of therapy.
- Full records are retained for a maximum of seven years after therapy ends (or longer if required by law or professional indemnity insurance requirements), after which they are securely destroyed.

- Any voice recordings (if used, for example for supervision or training purposes and with your consent) will be destroyed once their specific purpose has been fulfilled.
- You have the right to request access to your records (subject to limited exceptions to protect the confidentiality of third parties or ongoing clinical work). Requests should be made in writing to me or the Company.
- You also have rights to rectification, erasure (in certain circumstances), restriction of processing, and to lodge a complaint with the ICO. None of these provisions affect your statutory rights.

In Case of Incapacitation or Death: Your records will be passed to my designated Therapeutic Executor (a qualified professional colleague) to ensure appropriate continuity and handling of your information.

3. Session Details, Fees & Practical Arrangements

- Session length: Sessions are 50 minutes in duration.
- Frequency: Sessions usually take place weekly, or as otherwise agreed.
- Fee: The fee is £ per session. Fees are payable in advance of each session unless otherwise agreed.
- Payment methods: Payment may be made by [cash / bank transfer to the Company / card]. A receipt will be provided on request.
- Online sessions: Where sessions take place online, a secure, encrypted, and GDPR-compliant video platform will be used. You are responsible for ensuring you have access to a private space and a stable internet connection.

4. State During Sessions

To ensure the safety and effectiveness of therapy, you agree to attend sessions in a fit state to engage in the work. This means you must not be under the influence of alcohol or non-prescribed drugs during sessions. Prescription medication must be taken strictly as directed by your prescriber.

If you attend a session under the influence of drugs or alcohol, or are significantly impaired by prescription medication, the therapist will need to end the session for safety reasons. The full session fee will still be payable in these circumstances.

5. Cancellation & Missed Sessions

If you need to cancel or reschedule a session, please provide as much notice as possible. A minimum of **48 hours'** notice is required. Cancellations made between **48 and 24 hours** will be subject to a **50%** cancellation fee and less than **24 hours'** notice, or sessions missed without notice, will be charged at the **full** session fee.

Non-payment for cancelled or missed sessions outside the required notice period will likely result in the termination of sessions.

6. Communication Between Sessions

I am available during our scheduled sessions. Contact between sessions is for practical and administrative matters only (such as changing an appointment). All contact outside of sessions will be via email unless otherwise agreed in advance.

For any mental health crisis or emergency, please contact the emergency services (999), NHS 111, or a dedicated crisis helpline (for example, Samaritans on 116 123, which is free and available 24/7). I am unable to provide crisis intervention or clinical advice between sessions.

7. Boundaries & the Therapeutic Relationship

To maintain a clear, safe, and effective therapeutic relationship, the following boundaries apply:

- I do not accept friend requests or engage with clients on social media or other personal platforms.
- Therapy cannot involve dual relationships (including social, business, romantic, or family connections).
- If we happen to meet outside of sessions, I will protect your confidentiality and will not initiate or engage in any discussion about our therapeutic work.

8. Ending Therapy

You are free to end therapy at any time. Where possible, I recommend that we hold at least one final session where we are both aware that our work together will be coming to a close so as to review the work, consolidate progress, and bring the therapy to a thoughtful conclusion.

9. Concerns & Complaints Procedure

If you have any concerns about the therapy or the service you are receiving, please raise them with me directly in the first instance. I will listen carefully and seek to address the matter promptly and openly.

If you remain dissatisfied or feel you are unable to raise the matter with me directly, you may contact the relevant professional body. Details are available on request.

10. Audio Recording for Supervision and Training

With your explicit consent, sessions may be audio recorded solely for the purposes of clinical supervision and training. Anonymised extracts of transcripts may also be used in coursework, essays and research papers.

Recordings will be stored securely and destroyed once their specific purpose has been fulfilled, in line with data protection requirements and the record-keeping provisions of this Agreement.

You may withdraw this consent at any stage by notifying me in writing. Withdrawal of consent will not affect the ongoing therapeutic work.

11. Agreement & Signatures

This Agreement (including the Intake Form, which is incorporated by reference) constitutes the entire agreement between the parties. Any variations to this Agreement must be agreed in writing.

The Agreement remains in force for the duration of the therapeutic relationship, which begins upon signing this Agreement (or at the first session) and ends when either party formally terminates the therapy.

By signing below, you confirm that you have read, understood, and agree to the terms set out in this Agreement. You consent to the processing of your personal data and special category (health) data for the purpose of providing psychotherapy services in accordance with UK GDPR and applicable professional standards.

You also confirm that you have completed the Intake Form and that the information provided therein is accurate to the best of your knowledge.

Consent to Audio Recording

Please tick one option:

☐ I consent to the audio recording of sessions for clinical supervision and training purposes, including the use of anonymised transcript extracts in coursework, essays and research papers. I understand that I may withdraw this consent at any time by notifying the therapist in writing.

☐ I do not consent to the audio recording of sessions.

CLIENT

Full Name:

_____

Signature:

_____

Date:

_____

THERAPIST (on behalf of Kingston and Surbiton Centre Ltd)

Therapist Name:

David Hopkins

Signature:

_____

Date:

_____