Matt Hemsley
Integrative Therapist

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Client agreement

Please read this agreement before your first session. You will be asked to sign it at your initial consultation.

Code of care

- The client will always be treated with respect and care.
- Disclosure of all information during therapy and consultations remains confidential.
- The therapist has a professional obligation to break confidentiality and report to relevant authorities any concerns if they believe the client may intend to cause harm to themselves, the therapist, or others.
- A query on the suitability or conflict of therapy with other treatment practitioners may occasionally have to be sought, with the client's permission.
- The client agrees to aspects of their case being discussed with a supervisor, if necessary, on an anonymous basis.
- Your GP or other medical professional may be contacted where deemed necessary, with the client's permission.
- A full copy of any relevant professional association's Code of Practice is available on request.

Treatment consent

- The therapist has fully explained the procedures and treatment.
- I understand that I will need to consider the content of the sessions to enhance the success of the treatment.
- Although my ‘belief’ in my ability to change is not so important, I do understand the treatment's success is linked to my ‘wanting’ to change and therefore my commitment to the sessions.
- Respect for the client and therapist will be constantly maintained.

Sessions and cancellation policy

The initial consultation involves history taking, so that I can learn about who you are and what your presenting issues are. This initial session will also involve an explanation of the brain in relation to your experiences. This session is the only time we focus on the past.

Session length	50–60 minutes
Session fee	£60 per session
Cancellation notice	24 hours where possible
Late cancellation or no-show	£30, except in unforeseen circumstances

- I am aware of the cancellation policy and fully understand and accept that fees may be payable for late notice cancellation of appointments or no-shows.

Declaration

- I confirm that the information given has been completed to the best of my knowledge, that I have read the agreement above, accept the treatment on these terms and wish to proceed.
- I confirm that I have received a copy of the GDPR privacy policy explaining how my data will be processed and stored, and I acknowledge that I am responsible for updating Matt Hemsley Therapist if any of the above information changes.
- By signing this consent form, I understand that this is a complementary therapy and is not a substitute for medical advice and/or medical treatment. I will continue with any advice, medication or treatment prescribed by a medical professional.

Client's name

Client's signature

Date

Therapist's signature

Date