

CLIENT AND THERAPIST THERAPEUTIC AGREEMENT FOR LOW-COST INDIVIDUAL
SEX THERAPY

This contract is between:

Therapist name:

Client name:

What Service is offered?

This contract is for low-cost individual sex therapy.

Late arrivals

If you are more than 15 minutes late to your appointment, I may to decide whether the appointment should go ahead. If the appointment continues, it will finish at the original booked appointment time (it would be discussed with me if is possible to proceed with full 50 minutes. That depend whenever I have booked the client next after your appointment).

Any booked appointment that is cancelled due to late attendance will be counted as one of your allocated therapy sessions and your fee **would be not refundable.**

Please see: Payment Policy

Cancellations: Please refer to the cancellation policy

Special requirements:

Mobile phones are to be turned off whilst in appointments and appointments should not be attended under the influence of alcohol or recreational drugs.

It is inappropriate to attend therapy with children and babies and animals of any kind with the exception of assist dogs.

Sessions:

Sessions for individual sex therapy takes 50 minutes long, weekly, or fortnightly up to 12 sessions in total.

- The fee for each 50 minutes session is £30 (online).
- The fee for initial assessment 50 minutes session is £50 (online)

Video appointments

Video appointments may be discussed with you as an option for part or all of your therapeutic experience. The offering of any therapy other than face to face appointments will be at my discretion and based on my clinical expertise and can be stopped if either you or I feel the approach is not providing the most effective therapeutic care for your particular needs at the time.

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Both parties will need to ensure privacy is maintained, that appointment times are adhered to and that both the therapist and you “attend” for the appointment dressed appropriately, ready for the session and able to focus during the appointment without distraction.

Under no circumstances should the video appointment be recorded.

Contact outside of session

To provide a safe therapeutic arena it is essential that both client and I develop, understand and maintain boundaries.

If you and I inadvertently meet outside of the session, to maintain and respect your privacy and that of mine, I will not automatically acknowledge you and would not enter into any conversation.

I will respect the clients’ preferred methods of contact. Under no circumstance should the clients attempt to contact me by a mean not agreed for example, personal/business mobile numbers, email or on social media.

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Privacy Statement and Data Protection

I am abiding by the **General Data Protection Regulation (GDPR) (2018)**.

Information Governance

During the course of your psychosexual therapy, a brief summary from each of your sessions is documented on my file. These notes are used solely by me only and no other professionals have access to them.

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Confidentiality

All sessions remain confidential **except** in these circumstances, where personal data may be shared with third parties:

- If I have any concerns that you, or someone else, will come to significant harm. For example, if you are about to harm yourself or another (including physical and sexual attack or abuse). In such cases, I would always do my best to talk to you first about why I feel it is necessary to discuss your situation with other professionals.
- If I am required by law or served a court order, for example in cases such as child protection or terrorism.

Use & Record Keeping

The personal information I hold about you (name, age, home address, e-mail address, telephone number, medical history, etc.) is stored in a locked cupboard. All electronic notes are password protected. Your phone number may be kept in my business mobile phone which is passcode protected. Only I have access to it.

You have the right to request your personal information to be corrected or erased at any time, in writing. For legal purposes, I have to keep some data about you up to 5 years. All records are kept following COSRT guidelines before being appropriately archived, deleted, or anonymised. I can discuss your requirements and come to an agreement together. After five years I destroy all data and notes I have about you.

In the event of sudden incapacity to work or death, a professional executor will take responsibility for your documentation, in which case your identity would be disclosed to the executor. Executors are bound by the same professional and ethical guidelines of confidentiality.

If you are not happy with the way how I use your data, you can complain to the JKL Therapy Centre Director: Justyna Kulczyk-Lewinska,
justyna@jkltherapycentre.com

Sometimes material from your sessions may be used in case studies for teaching or auditing purposes. In such cases, the data would be unidentifiable, and your confidentiality would be protected at all times.

It is common practice for therapists to attend regular clinical supervision sessions with other practitioners, all of whom are bound by the same code of ethics and strict confidentiality.

The therapeutic alliance

I provide a non-judgemental professional environment, and you will be treated at all times with respect and dignity.

I have a right to end therapy if a perceived threat to the physical or psychological wellbeing of it is apparent.

If we have a couple's session and only one of you shows up, I will not see you and I will charge you for the session.

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I have a professional obligation to adhere to College of Sex and Relationship Therapists (COSRT) Code of Ethics and Practice for General and Accredited Members and the Conduct Procedure. All of which can be found on the website www.cosrt.org.uk

Complaints

If you are in any way dissatisfied with your treatment or therapy, please feel free to contact the JKL Therapy Centre Director: Justyna Kulczyk-Lewinska, justyna@jkltherapycentre.com

Once signed and dated by client and therapist, one copy will be retained by the client and a second copy saved into the therapist records.

Client Name:

Signature:

Date:

Therapist Name:

Signature:

Date:

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