

Therapy agreement

This document should be read in conjunction with the Privacy Policy document, available upon request and easily accessible from my website at the following link:

www.psychologybrighton.com/privacypolicy.

I am a Clinical Psychologist registered with the Health and Care Professions Council (HCPC) and accredited and chartered by the British Psychological Society (BPS). I can offer both short and long-term therapy using a variety of therapeutic approaches to best suit your needs. I have specialist training in Eye Movement Desensitization and Reprocessing (EMDR) therapy, and I am registered with the EMDR Association UK & Ireland.

You can check my professional status by contacting the professional bodies listed below:

- I hold Chartered status with the British Psychological Society – my membership number is 333552.
- I am registered with the Health and Care Professions Council as a practitioner psychologist – my registration number is PYL34651. You can check the HCPC register at the following link: <https://www.hcpc-uk.org/check-the-register/>
- I am registered with the EMDR Association UK & Ireland – my membership number is S0462.
- I am registered with the Information Commissioner's Office. Information about how I process your data is available in my Privacy Policy, which is published on my website, www.psychologybrighton.com/privacypolicy or available upon request.

I conduct my psychology practice within the HCPC Standards of Proficiency for practitioner psychologists and the BPS Code of Ethics and Conduct. Information relating to both of these documents can be found on the HCPC and BPS websites.

If at any point within your therapy you felt that I am in breach of any of the above, I would hope that you feel comfortable to discuss this with me directly so that we could find a resolution together. If you felt unable to discuss this with me or we were unable to find a resolution, you could express your concerns directly to the HCPC or the BPS.

Terms and Conditions

1. Location

Sessions are held at the following locations or by video call:

- Lansdowne Place Therapy Rooms, Lower Ground, 60, Lansdowne Place, BN3 1FG, Hove, East Sussex.
- Hove Therapy Rooms, 69, Church Road, BN3 2BB, Hove, East Sussex.
- Carlton Hill Therapy Rooms, Suite 1, Kemptown House, 72, Carlton Hill, BN2 0GW, Brighton, East Sussex.

2. Therapy sessions and fees

Sessions usually run for 50 minutes and take place on a weekly basis. There may be occasions when a longer session may be required (e.g. 90-minute sessions are recommended during trauma-focused therapy); this is not compulsory, but it is recommended and will be discussed and agreed with you in advance.

I recommend weekly sessions for my clients. However, there may be occasions when clients want to access sessions less frequently. I can offer flexibility; however, there are instances where having sessions less than once weekly may not be recommended therapeutically. We will discuss this in advance and agree on a suitable package of therapy to best suit your needs.

Sessions are charged at the following rates:

- | | |
|------------------------------------------------|------|
| • Standard 50-minute session | £90 |
| • Longer 90-minute assessment | £135 |
| • 90-minute trauma-focused therapy (e.g. EMDR) | £135 |

Please note that fees are subject to regular review.

Please note that if you are accessing therapy through private health insurance, fees may vary depending on the insurer as they often set their own fees.

3. Your safety and wellbeing

Your safety and wellbeing are very important to me and my practice. We will review your wellbeing and any risk issues regularly in our sessions. However, due to the work taking place in private practice, I am unable to respond to telephone calls outside of our therapy time, unless pre-agreed and I am unable to respond to immediate / emergency risk situations as a private practitioner. Therefore, if I feel that you are experiencing significant distress and further input may be required, I will need to access NHS services or contact your GP. I will always endeavor to discuss this with you first, wherever possible, before taking further steps.

If there are occasions when you or someone you know need urgent care, I advise that you contact your GP or ring NHS 111. If you (or someone you know) experience an acute life-threatening medical or mental health emergency and/or you are at risk of seriously harming yourself, please ring 999 or visit your local A&E department.

4. Payments

Preferred method of payment is by bank transfer payable to Dr Anna Chiara Sicilia, Chartered Clinical Psychologist. Payments by bank transferred must be received in advance of the session. I also accept cash and card payments payable on the day of the session. I do not accept cheques.

I reserve the right to cancel a session without notice and terminate our therapy contract, if payments are not received in line with the terms outlined above.

For new clients: please note that in order to secure a booking for your first session, I require a 50% deposit. This deposit is payable by bank transfer at the time of your booking and will be refunded if you cancel your session with at least 48 hours' notice. For sessions cancelled with less than 48 hours' notice the deposit is non-refundable, in line with our cancellation policy outlined below.

3.1 Private Medical Insurance

If you hold Private Medical Insurance (PMI), please check the reimbursement level that will be available to you from your relevant provider for the therapy. If your PMI reimbursement does not cover the fee in full, you must pay the difference between the fee and the PMI reimbursement. If you have not already done so, please inform us of your PMI's Authorisation Code and of the limits to the funding available.

PMI invoices are raised monthly in arrears. Payment is due 14 days from the date of the invoice. Please promptly forward the invoice to your PMI provider in order for them to process payment.

5. Cancellations Policy

If you need to cancel or reschedule a session, please get in touch at least 48 hours before the session. Sessions cancelled with at least 48-hours notice will not be charged. Sessions cancelled/rescheduled with less than 48-hours notice and missed sessions will incur 50% of the fee of that session.

I will endeavour to give you as much advance notice as possible in terms of holidays or of any need to cancel a future appointment. It is not possible for sessions to overrun due to my duty of care to other clients. Therefore, if you arrive to the session late, we will still finish at the agreed time. If you attend your sessions more than 20 minutes late, I may ask you to reschedule, as there wouldn't be enough time to complete our therapeutic work. Late sessions will still incur the full fee.

If you have any questions, with regards to my Terms and Conditions, please do not hesitate to contact me.

6. Privacy and Confidentiality

I will ensure that your personal information will be stored securely and confidentially. Information about how I store and process your data is available in my Privacy Policy, which is accessible from www.psychologybrighton.com/privacypolicy and available upon request.

5.1 Supervision

Clinical psychologists are required to have regular and on-going supervision, in line with the Health and Care Professions Council (HCPC) standards of proficiency. Regular supervision is essential for reviewing and monitoring a psychologist's work and gain new perspectives on the therapeutic work undertaken.

7. Contact information and consent

Please provide your contact information below:

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|-----------------------------------|--|
| Client's full name: | |
| Date of birth: | |
| Telephone: | |
| Email: | |
| Home address and postcode: | |

Consent to contact (please initial **ONE** of the following options):

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a. Dr Anna Chiara Sicilia, Chartered Clinical Psychologist, routinely uses email to send invoices and appointment confirmations and telephone / text communications for appointment reminders / confirmations and to communicate any changes. Please initial this option if you consent to receiving communications by email, telephone and text . | |
| b. Dr Anna Chiara Sicilia, Chartered Clinical Psychologist, routinely uses emails to send invoices and appointment confirmations. Please initial this option if you consent to receiving communications by email only . | |
| c. Dr Anna Chiara Sicilia, Chartered Clinical Psychologist, routinely uses text messages to send appointment reminders / confirmations and communicate any changes. Please initial this option if you consent to receiving communications by telephone and text messages only . | |

Please provide details of your GP below:

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|-----------------------------|--|
| GP Name: | |
| GP Practice Name: | |
| GP address: | |
| GP telephone number: | |

Please provide details of an emergency contact below:

Please note that this is not mandatory. However, there are occasions when it may be helpful to have an emergency contact (e.g. if I am worried about your wellbeing and can't reach you directly). If you do not wish to provide an emergency contact, please leave blank and initial option (b) below.

| | |
|-------------------------------|--|
| Name and relationship to you: | |
| Contact number: | |

Please initial **one** of the two options below:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| a. I consent to the above person being contacted in emergencies. | |
| b. I do not wish to provide an emergency contact. However, I understand that Dr Anna Chiara Sicilia, Senior Clinical Psychologist, may contact my GP in circumstances where there are concerns about risks to me or someone else. | |

Informed consent and agreement

By signing this agreement, you are entering into a therapy contract with Dr Anna Chiara Sicilia, Chartered Clinical Psychologist. You confirm that you have read the information provided above and the Privacy Policy, that you are in agreement with the terms and conditions set out in this document and with the way your personal information is being collected, stored and used.

By signing, you are also providing informed consent to Dr Anna Chiara Sicilia, Chartered Clinical Psychologist, to contact your GP. This will only happen in exceptional circumstances, e.g. if I feel that you or someone else are at risk of significant harm.



Dr Anna C Sicilia

Chartered Clinical Psychologist

Therapy Agreement May 2020

| Client's signature | Full name | Date |
|---------------------------|------------------|-------------|
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For office use only:

| Therapist's signature | Full name | Date |
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