



### TERMS AND CONDITIONS:

1. I am bound by the Codes of Ethics and Practice of the Jacquin Professional Hypnotherapy Association. A copy of the code of practice and ethics are available on request, or may be viewed on the JPHA web site:  
[www.jacquinprofessionalhypnotherapyassociation.com/ethics](http://www.jacquinprofessionalhypnotherapyassociation.com/ethics)
2. Subject to me being satisfied that your problem is one that can be alleviated by Hypnotherapy, I agree to offer you 3 sessions. This is my commitment to you. With the exception of item 4 below, you are not contracted to any specific number of sessions. You may terminate therapy without further cost at any time you wish.
3. The normal duration of each session is between 60 and 75 minutes, although I reserve the right to amend that time for therapeutic reasons. If for any reason you are late for a session, I will see you for the duration of the remainder but may be unable to work beyond the allotted time as this will disrupt the clinic for other patients who may be waiting.
4. It is understood that sometimes sudden events, such as emergencies, happen, that may make it necessary for clients to cancel their appointment last minute or fail to attend and are unable to provide notification. On these occasions it is at the therapist's discretion if a fee will be charged. In general, however, if you fail to give 24 hours' notice of your intention to cancel or postpone an agreed therapy session or if there is a repeat pattern of cancellations, I reserve the right to charge in full for that session.
5. If you have self-referred the cost for each session will be \$200.00. Payment should be made before each session via the booking app. It accepts PayPal.
6. The cost of therapy includes any written materials I may supply, but excludes the cost of any books that I might suggest you read.
7. In the event that a private health care plan is being used to fund your treatment, therapy will not commence until approval in writing has been received from the private health care organisation or you are able to provide the relevant authorisation code.
8. As part of my code of practice I am required to carry out continuing professional development, and to engage in regular on-going clinical supervision. This is to ensure an ethical and professional service to clients. I may discuss your case in supervision but would not use any identifying details.
9. The session will not be recorded.
10. Confidentiality will be maintained within the codes of ethics and legal requirements. Confidentiality does not apply where it would mean that I, as your therapist, might break the law or where withholding information means I would breach the codes of ethics. Confidentiality may be breached if I consider there is a risk you may harm yourself or others. In such exceptional circumstances, where there is concern for your wellbeing or that of others, it may be necessary to seek help outside the therapeutic relationship. In such an event where I am considering breaching confidentiality, you will normally be consulted first.
11. In the case of a disclosure concerning acts of terrorism, vulnerable adult or child protection issues or drug trafficking, confidentiality will be breached and such disclosures will be passed onto the relevant authority without delay. Due consideration should be exercised before disclosing anything of a previously unreported criminal nature, as I am obligated to contact relevant authorities.
12. Our therapeutic relationship will remain a professional one at all times, the boundaries of which (such as contact outside of our sessions) can be agreed between us during our sessions.
13. Notes may be taken during and after each session, which will be kept in accordance with the Data Protection Act (1998). These notes will be securely stored. I will discuss the disposal, retention or otherwise of any such notes at the end of our engagement. They are disclosed to no one other than the clinical supervisor, unless required under a court of law subpoena. You have the right to inspect your records should you so wish, and this request will be fulfilled during a therapy session.
14. If agreed payments for therapy are not being paid then I reserve the right to terminate therapy.

15. Endings – Therapy can at times be demanding, frustrating, and emotional. You may at times find this process very difficult, and feel the need to end therapy. Your feedback on the process will be asked for at the end of each session and if you feel unhappy with any aspects of the treatment being offered, please do try and communicate this verbally. This gives us both the chance to address and resolve engagement issues. In the normal course of events, you will probably know when you are ready to finish therapy, and we will agree together on the work we need to do to prepare for this.

16. I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become clear in the course of our work together. This would be fully discussed at that time. Please note any threats or acts of violence will invalidate this agreement and therapy will cease. Sessions will not take place if you arrive under the influence of alcohol or non-prescribed medication.

17. You will be notified of any holidays to be taken by myself well in advance. However, there may also be occasions when sessions may be cancelled because of illness or because of attending training sessions or meetings. I will try to give you as much notice as possible of any cancellation, and will offer an alternative time. Therefore, please notify any change in contact details.

18. If you have been referred by an outside agency, for example a solicitor or insurance company and there is a pending civil court case – for example if you have been injured as a result of a road accident - I draw your attention to the fact that under the Data Protection Act (1988) I may be obliged to supply copies of our therapy records to a requesting appropriate party, providing you consent.

19. In the event of you being unhappy with the service you receive, please discuss this with me. If you feel unable to do so or do not receive satisfactory resolution, then you have the right to complain to my professional body, the JPHA.

#### Therapists & Clients consent

Full name.....

Date of Birth.....

Email address.....

SIGNED CLIENT .....

DATE.....