



Sarah Woodward  
hypnotherapy

## THERAPY AGREEMENT

**Client Name:**

(Please complete)

**Address:**

(Please Complete)

**Term:** Solution Focused Hypnotherapy is a powerful system, but it can take time to develop the client–therapist relationship and bring about lasting positive change. I therefore request that you commit to a minimum of 4 sessions. This can then be reviewed and continued according to the needs of the client. It is advised that sessions should be attended on a weekly basis where possible to begin with, to optimise the use of this service.

**Fees:** Hypnotherapy Sessions: £70.00 per 50-60 minute session, alternatively a block of 6 sessions at £399.00, a block of 8 sessions at £520.00 or a block of 12 sessions at £770.00.  
Smoking/Vaping Cessation Program at £425.00

**Payment:** Should be settled in full upon booking either via bank transfer to the details provided in email from Sarah Woodward Hypnotherapy or by card payment in person. I am unable to process card payments over the telephone or in your absence.

**Sessions Changes:** Re-scheduling or cancellations of appointments should be done at least 48 hours before your planned appointment. Breaking these terms without reasonable explanation within 48-24 hours will result in the client being charged 50% of the session . Rescheduling or cancellations within the 24 hours prior to the planned session will result in the client being charged for the full session. Please note that multiple cancellations and/or repeated lateness could result in termination of this contract.

**Between Sessions:** I am contactable via e-mail between sessions. But this is restricted to sociable hours and shouldn't be abused. Depending upon the nature of the query I may choose to wait until the next session to respond in person.

**Relationship:** For our sessions to be effective, it is important that you feel comfortable and able to be completely honest with your therapist. Therefore, if you are not happy with any aspect of our sessions or my behaviour, you must let me know as soon as possible so that I can make the necessary changes to allow us to move forward in a positive manner.

**Termination:** The client is entitled to cancel this service at any time. This must be submitted in writing via email or letter. Any outstanding payments must be settled in full before the cancellation can be finalised. Refunds will not be given.

**Zero Tolerance:** Sarah Woodward Hypnotherapy operates a Zero-Tolerance Policy and takes very seriously any threatening, abusive, violent or inappropriate behaviour received via all forms of communication whether in person or remotely. Aggressive behaviour will not be tolerated and will result in the immediate termination of services. Police and other authorities may be contacted by the therapist and advice followed.

**Legalities:** Your therapist is fully covered by professional indemnity insurance, and your personal information is protected by the new Data Protection Act – see full details below.

**Under 16s:** Teens especially may prefer to have their sessions on a 1:1 basis after the Initial Consultation meeting. Should the young person wish to attend their appointments alone, I have undergone an Enhanced DBS check which clears me to work independently with children and vulnerable adults. In this instance you are welcome to wait in the onsite cafe, Garden Room or reception area for the duration of the session.

If you would like to be present in the therapy room during your child's sessions this is absolutely fine, younger children often prefer to have a known adult with them for the first few sessions. I will request that you are seated out of the eye-line of your child and unless the conversation or question is addressed to you directly, you allow the young person to answer all questions themselves and to communicate as they wish.

Parents of a child receiving hypnotherapy often find it incredibly beneficial to have a few sessions for themselves too. It helps with understanding the therapeutic process and can help a parent cope better with what is going on for their child. I offer parents of under 16s clients a 50% discount on sessions for themselves for the duration of their child being an active client.

If you are signing this form on behalf of a young person under 16 years old, please do discuss this agreement with them so they understand both the therapist's and their own responsibilities ie. To engage in the process and listen to the audio and seek to make changes between sessions as well as within them.

**Overseas Clients:** I am based and work in the UK and as such I work under English jurisdiction.

Any booking confirmations and reminders sent will display the UK date and time (GMT/BST) of your booking.

It is your responsibility to convert this to your appropriate time zone and give appropriate notice of any rescheduling or cancellations of appointments as per the terms stated above.

## **The Therapy Agreement:**

### **Therapist:**

I agree to provide hypnotherapy for you to the very best of my ability. I will challenge you to think in new ways, and overcome any negative or limiting beliefs.

During our sessions I will give you my full attention and provide you with the tools, feedback, and encouragement you need to achieve your goals.

Anything that you share with me will be treated as strictly confidential, whether it is business, or personal information. I further agree not to at any time, unless required to do so by law, use or disclose any information you have told me during our sessions.

All of my therapy practices comply with the Code of Ethics set out by the National Council for Hypnotherapy and the Association for Solution Focused Hypnotherapy. A copy of these guidelines are available on request.

I look forward to helping you take positive action and maximise your potential!

### **Client:**

As a client I agree to arrive on time to my appointments and commit to this process both in sessions and on the days in between.

I acknowledge that success is not guaranteed, and that I will need to put in the required effort in my daily life to bring about my desired outcome. I am also fully aware that I am responsible for the actions I take, and creating my own results.

I give permission for my therapist to use hypnotherapy and appropriate NLP techniques in my sessions. These practices will be explained before they happen, and you have the right to decline any exercise or technique at any time.

I have read and agreed the terms above and acknowledge the therapist reserves the right to terminate sessions with advance verbal or written notice should I break the terms of this agreement.

**Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you are signing on behalf of another person, please print your full name below, along with your address (if different to that of the client) and state your relationship to the person you are signing on behalf of:** **Name:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

\_\_\_\_\_

**Relationship to Client:** \_\_\_\_\_

**Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **What is the General Data Protection Regulations, 2018 (GDPR) and how does it affect me?**

The GDPR replaces the 1998 Data Protection Act to ensure your personal and sensitive, confidential data is kept private and held securely, being processed in the way that you have agreed to. It is there to protect your rights as a consumer of a service or product that might involve your identifiable data, e.g. your name and address or whether you have a specific condition. It also covers any session records, text messages or emails we exchange. For more information you can read the policy documents accessible via your welcome information pack.

## **How long will you hold my information for?**

I am regulated by the CNHC, an organisation that stipulates I must hold your data for 8 years after your final session. Unless you are a child, in which case I must hold your data until your 25<sup>th</sup> birthday, unless you are 17 when treatment ends and then I must keep it until your 26<sup>th</sup> birthday. Therefore, all records will be deleted in the January after the above retention scales. This is in line with NHS regulations for holding data.

## **What if I don't want my records to be held for that long?**

Under the GDPR you can make a request in writing to me, for all your records to be deleted. In this case all your paper records would be shredded with a cross shredding machine and any electronic data such as emails or text messages would be permanently deleted from the devices they are stored on. I would have to save the request for deletion you made but would not save any other data. In some circumstances my insurance companies legal team may want to verify information I send out.

## **Why do you need to record this information?**

I collect information about; why you are using the service, a small amount of medical information and a small amount of information about your important others, alongside brief session notes. This information enables me to provide a high quality service to you, ensuring I am equipped with the knowledge of our previous discussions prior to each session. Your contact details / address and Doctors details will only be used with your explicit consent. See consent form below.

## **What lengths are made to ensure my information is held securely?**

Hardcopy documents – Are all stored in a secure location and no one else has access.

Text messages – My work phone is secured with a pin code.

Emails – My email account requires a user name and password.

Email attachments – Any attachments sent by email to you containing your personal information would be password protected and the password would be sent to you via text message.

Electronic documents – Any electronic documents e.g. A letter to your GP, or an invoice, are password protected and stored on a password protected computer if they contain personal or sensitive information.

## **Is what we discuss kept confidential?**

Everything we talk about during our sessions are strictly confidential between you and me. To ensure I am doing my job effectively and that I have the right support, I may discuss elements of our sessions with my supervisor. During these discussions I do not disclose any details that may identify you to my supervisor, and my supervisor also adheres to the GDPR.

## **What if I see you outside of the session?**

If we see each other outside of a session I will smile but will not engage in any further conversation to ensure your confidentiality. You are welcome to share with other people about the therapy you are receiving, but I am obligated by GDPR law to ensure your confidentiality is protected. I would request that in order to ensure the success of your treatment, that you refrain from discussing your treatment with me outside of your sessions.

## **What about other Health and Social Care Professionals?**

As I adhere to the GDPR any contact, relating to you, with other health care professionals would only be made with your signed consent. E.g. If I were to write to your GP to notify them of your treatment with me, and then notify them of the treatment ending, I would only do this if you were to sign the specific consent for this at the end of this document.

## **Exceptions:**

In order to safeguard you and the people around you, if you were to disclose that you were going to carry out harm to yourself or someone else, then under my "Duty of Care" I am obligated by law to inform the relevant

authorities. This is to support you to live well, and I would always aim to discuss this with you prior to contacting anyone.  
If I was issued with a police warrant or court order for your information, by law I would also have to provide them with your information.

**Please Read This Document Carefully**

The frequently asked questions and related answers in this document establish the terms and conditions for treatment at Sarah Woodward Hypnotherapy.

Please ensure that these terms and conditions are fully accepted by you prior to attending subsequent appointments. If you feel you would require a change to your terms and conditions, please speak with me prior to our second session.

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**Signed Consent** (in line with the new General Data Protection Regulations (2018))

As the processing of your personal data is required to enable me to provide you with a service, I do not require consent from you to hold your information securely or to provide you with this service, but will take this opportunity to assure you I adhere to all laws and procedures relating to data protection (Article 9, paragraph 2, (h) of the GDPR) and will only use your data to provide you with this service and for any further reason you explicitly consent to below.

Please tick and sign below to confirm you consent to contact from Sarah Woodward Hypnotherapy for the purpose of;

- Appointment reminders/rearrangements**     **homework or discussion synopsis**   
**evaluation of service**     **newsletters**     **promotional offers**

Please tick to confirm what formats you agree for Sarah Woodward Hypnotherapy to contact you with:

- Text**     **Phone call**     **Email**     **FB Messenger**

**Signed**.....**Date**.....

Your privacy and confidentiality are important, and Sarah Woodward Hypnotherapy will never use your information for any purpose other than that to which you have explicitly consented to above. You may withdraw consent at any time by getting in touch via 07960 149455 or info@sarahwoodwardhypnotherapy.co.uk

**I have discussed, and been provided with access, to the GDPR Policies and Procedures for Sarah Woodward Hypnotherapy.**

**Signed**.....**Date**.....