**Therapy Registration Form**

Samaira Hanif

Cognitive Behavioural Psychotherapist

Professional Registration: BABCP 101285

Email: CBTwithSamaira@proton.me

Personal Details:

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Home address |  |
| Email |  |
| Phone number |  |
| Emergency Contact-Next of kin |  |
| Relationship to you |  |
| Telephone number |  |
| Name of GP |  |
| GP surgery address |  |
| GP telephone number |  |

Please note GP and Next of kin details are only in case of emergency and would not be contacted without this first being discussed with you.

Terms & Conditions  
This document provides some general information on the service and the conditions that you are agreeing to by booking/attending an appointment. Please read this agreement carefully and sign at the bottom.

Contact Arrangements

* If you need to contact me between sessions, please send an email to CBTwithSamaira@proton.me. I will usually respond between Monday to Friday, 9am to 5pm, subject to availability and will aim to respond within 48 hours.
* Please note that I do not offer a crisis service. If you are in crisis or require urgent support, I advise you to contact your GP, NHS Surrey Crisis Helpline 0800 915 4644, Samaritans 116123, or Text SHOUT on 85258. If you are in immediate risk, please attend your local A&E department or call 999.

Payment Arrangements

* Fees are £85 for 50-minute appointments to be paid by bank transfer 48 hours in advance of the session. **Starling Bank: Samaira Hanif. Account no. 76146130. Sort code: 60-83-71**
* If you need to cancel an appointment, I ask for 48 hours’ advance notice. Any cancellations made within the 48 hours prior to your appointment will be charged the appointment fee and required before any further sessions are booked.
* All amounts paid in respect of session fees are non-refundable and non-transferable
* If you are using a private health care plan to pay for your treatment, therapy will not begin until I receive authorisation from the private health care organisation.

Attendance/Cancellations

* In order to optimise the effectiveness of therapy, it is important that you make a commitment to attend regularly, however if you need to cancel or rearrange an appointment, please give as much notice as possible (minimum: 48 hours). In these circumstances. I will endeavour to offer an alternative appointment within 2 weeks.
* If you are running late to your session, please email [CBTwithSamaira@proton.me](mailto:CBTwithSamaira@proton.me) in advance. If you arrive late for the session, I will not be able extend the session past our allocated time.
* If I need to cancel the session for any reason, I will email you or send a text message to your mobile number, and I will give you as much notice as possible.
* You reserve the right to terminate therapy at any time. In most cases, it is beneficial for an individual to have a discharge session, where we can consolidate our work and create a maintaining progress plan, however I recognise that this may not always be possible.

Confidentially

* You can expect from us: Everything discussed in therapy is strictly confidential.

There are a few important circumstances that I would need to link with other people. This would be when I need to act to keep you or someone else safe. In this situation I would discuss with you my concerns prior to speaking to anyone else or taking any action.

* What we expect from you: You must be in a confidential space for appointments. You should not be driving or in public area whilst attending appointments. Please keep your environment noise free and reduce distractions as much as possible. Children must not be present during appointments. If you have technical issues during video calls, we can attempt to resolve them. If unsuccessful, then we will switch to telephone appointment.

GDPR and Privacy

* We collect certain data from you to meet mandatory requirements regarding clinical notes. There is a legal requirement to keep clinical notes for a period of time after treatment. This can vary in length depending on your age and ability to consent but will be for a minimum of 7 years. Your details will be destroyed after this period.
* Notes will be taken during your appointments to support the delivery of therapy and your use your contact details to assist with the administration of your appointments/changes to scheduled appointments. Your information will be kept confidential in a secure system.
* As an accredited member of BABCP, I operate under a strict code of confidentiality. I am bound by their Codes of Conduct and Ethics. As part of my clinical registration and accreditation, I must engage in regular clinical supervision. This is to ensure that you receive an ethical and professional service. Information is anonymised before discussing any individual in clinical supervision.

Full name:

Signature……………………………………………….

Date: