**Art Psychotherapy Contract**

Therapist: Michael Cousin (MA Art Psychotherapy / Fine Art)

Contact Details: info@michaelcousin.co.uk / 07852133772

Health and Care Professions Council Registration Number: AS15655

British Association of Art Therapists: 3188 (Full Member)

**Venue:** Zoom Sessions

**Client:**

**D.O.B:**

**Address:**

**Email:**

**Telephone:**

**Preferred method of contact: Email / text (delete as necessary)**

**Emergency contact: (Name & Number)**

By providing an emergency contact, you give consent to me contacting that person should an urgent need arise.

**Therapy start date:**

**Cost and payment arrangements:**

A standard session is one hour. Standard Fees: £50 face to face / £40 for Zoom & Student Rate / Sliding Scale for unwaged and those on benefits or a low income. 10% discount for block bookings of four or more sessions.

Payment can be made in cash or via bank transfer to First Direct: Mr. M. Cousin / Sort Code: 40-47-73 / Acc. No: 00225606

Receipts can be provided.

**Emergency arrangements:**

In case of an emergency you can contact me on my mobile number above and leave an answerphone message if I am unavailable.

**Cancellation / Non-attendance Procedures:**

Contact me as soon as you become aware of not being able to attend the next session. Where / when possible we can arrange an alternative. Fees are applicable to any sessions cancelled / missed without 24-hours-notice. You can cancel the sessions and this contract at any time during the process. If you are late for a session up to 20 minutes we can complete the remainder of the session, more than that and the session will be cancelled and the session fee will still be required.

This contract can be cancelled at any time in adherence to the above cancellation period regarding the next session. After this consideration any remaining monies paid in advance will be refunded in full.

**Confidentiality and its limitations:**

Confidentiality will be respected unless the following circumstances are met;

* If your safety or safety of others is at risk.
* I will discuss our work with my supervisor who is also bound by confidentiality and will only refer to you by your first name.
* If I am unable to practice due to accident or sudden incapacity a qualified colleague will contact the you and enquire about your wishes for further therapy.
* If I am compelled by a court of law to disclose notes / information about the you.
* Non-payment of fees resulting in legal action being taken against you.
* You wish me to breach confidentiality in order to communicate with a third party of your choice.

**Protection of Personal Data:**

In line with current data protection legislation, I will keep your registration form and session notes safely locked during the course of our time working together. Once not needed anymore the notes, together with your details on the registration form, will be disposed of securely.

**Your responsibility:**

* attend sessions free from the effects / influence of alcohol and drugs.
* arrive ten minutes before the commencement of the session.

**My responsibility:**

* Time Keeping.
* To offer an open and respectful therapy space that is supported by my own supervision.
* Give regular feedback. We will review the work regularly, at least every 6-8 weeks, or sooner if necessary.
* I attend regular supervision, as is required by BAAT as an integral part of good and safe practice (BAAT Principles of Professional Practice). I also adhere to their ethical standards.

Therapist: 

Date:

I agree to the terms set out in this contract and give my informed consent to receive these sessions:

Client:

Date: