

# Therapy Agreement

## Alba Hypnotherapy

Between the client:

And the therapist

- Name: .....
- Phone: .....
- Email: .....

▪ Maria E. M. de Purdie

Date: .....

### ***This Agreement sets out the terms and conditions relating to our work together.***

- We agree to work together to address the issues presented by you, however, because of the individual nature of the treatment, no guarantee of a cure can be given. However the therapist agrees to use her best efforts and skills to work towards the relief and achievement of agreed therapeutic goals.
- The cost of each session will be £70 per fifty minute session in Brentwood or £85 per fifty minute session in Harley Street, London. For two successive smoke cessation sessions, you will need to book two consecutive sessions on the same day.
- Contact between our sessions will be limited to telephone or email during office hours (9am – 6pm). To arrange a client call back please email or text with your suggested time.
- Fee is for therapist’s time. Session times once booked should be kept to, however in the event that session times need to be changed therapist and client agree to provide each other with 48 hours’ notice so that another session can be rescheduled. Session times, where it is possible, should be at a regular time, weekly. If you require greater flexibility please advise your therapist. Use the booking system to re-arrange your bookings.
- Cancellation with less than 24 hours’ notice will result in you being liable for the cost of the missed session as well as any room rental fees if applicable.
- For optimum success the client agrees to make reasonable use of therapeutic suggestions between sessions including listening to voice recordings/mp3s and use reasonable efforts to adopt mutually agreed therapeutic suggestions or actions (e.g. nutritional and behavioural suggestions for wellness).
- Hypnotherapy voice recordings, Cds /mp3s should never be listened to while driving or operating heavy machinery.
- Any antisocial behaviour by you will result in the immediate cessation of treatment.
- Your welfare is my primary concern and will only take second place if not to do so would seriously jeopardise other members of the public or my welfare.
- I will ensure that your confidentiality will be maintained in all but the most exceptional circumstances and all information collected during the sessions will be protected at all times. Information will only be disclosed under a Court Order (civil, criminal or coroner’s Court) or where not to disclose would cause danger or serious harm to others. Information may also be shared with an NHS medical practitioner or other Health Professional, but only with your agreement.
- During the process of treatment, there may be reason to review some unpleasant memories or to experience some uncomfortable emotions. It is acknowledged that making personal changes in behaviour, thinking and emotions through hypnotherapy sometimes requires learning by trial and error and some confusion or setbacks in the process may occur. You (the Client) acknowledge and agree to accept these potential risks.
- You should seek the advice of a qualified medical practitioner before commencing any treatment or if you have any questions related to your mental or physical health, physical fitness, or medical conditions. Also, it is not recommended that you stop or alter any treatment you are currently receiving without prior consent of your doctor or mental health advisor.
- I have the right to terminate our therapeutic relationship and refer you other specialists if I consider your case is outside my area of expertise.
- I am a member of the National Hypnotherapy Society (NHS) and am obliged to comply with the Bye Laws and Codes of Ethics and to always put you first. The NHS can be contacted at: 19 Grafton Road, Worthing, West Sussex, BN11 1QT. [admin@nationalhypnotherapysociety.org](mailto:admin@nationalhypnotherapysociety.org) . Tel 01903 236857.
- I have an obligation under my membership of the NHS to continue my professional learning and development and therefore I may share case histories with my Supervisors and peer-support groups. All information will be anonymous and this will not be a breach of professional confidentiality.

Client name: .....  
Signed.....  
Date: .....

Therapist: Maria E. M. de Purdie  
Signed.....  
Date: .....