



Therapy & Coaching Contract

I, Pamela Rowan, have received hypnotherapy certification from the National Guild of Hypnotists (NGH) of which I am a member, I have neuro-linguistic programming practitioner certification from the Association for Integrative Psychology, and executive coaching from the British Psychological Society.

I adhere to the Code of Ethics and Professional Conduct of the NGH, please see a copy of the code [here](#), which also gives you information about the complaint's procedure. I am fully insured by Howden UK Group.

Confidentiality information

All sessions will be conducted in the strictest confidence and this confidence will be maintained and applied to all records (written, informal notes, audio/video recordings), in accordance with the Data Protection Act and subsequent GDPR legislation, except in the following circumstances:

- Where the client gives consent for the confidence to be broken (including contacting GP).
- Where disclosure on the part of the therapist is required by UK law.
- Where the therapist considers the client an imminent danger to themselves or others.

Therapist agreement:

I will:

- Ensure that the care of my client(s) remains my primary concern.
- Ensure that a professional therapist-client relationship is to be adhered to at all times.
- Act in the best interests of my client(s) at all times.
- Act only within the limits of my expertise (knowledge, skills, experience and training).
- Ensure that where a client's requirements are beyond my current expertise, or if it is apparent that hypnotherapy is not the most suitable form of treatment, I will offer referral options to another therapist or healthcare professional.
- Maintain appropriate and effective communication with my client(s), other members and professionals.
- Carry out my duties in a professional and ethical manner.
- Behave with integrity and honesty at all times.
- Contact you as soon as possible to reschedule any appointment I might miss due to emergencies.
- Explain fully to clients in advance of any treatment: my fees, terms of payment and any charges which might be levied for non-attendance or cancelled appointments (as stated in my cancellation policy – see below).

Client agreement:

I will:

- Arrive at my scheduled session(s) on time.
- Tell the truth at all times, as it is in my best interests to do so.
- Actively participate in my therapy session as required.
- Complete any homework tasks/activities (including self-hypnosis) set by the therapist.
- Act in a respectful manner at all times.
- Maintain appropriate and effective communication with my therapist.

I understand:

- That good/lasting results may require several sessions (as indicated by the therapist).
- That the therapist is not held accountable for results achieved/not achieved.
- That therapy may be terminated at the therapist's discretion (where deemed appropriate).
- That a professional therapist-client relationship is to be adhered to at all times.
- That any physical or verbal abuse will not be tolerated.

Cancellation policy and fees.

Appointments cancelled 24 hours prior to a scheduled session will be refunded in full.

Appointments cancelled under 24 hours prior to a scheduled session will be refunded at 75%, missed appointments will not be refunded. Failing to arrive within 30 minutes from the start of the session will be considered as a missed appointment.

Appointments can be rescheduled and postponed by email pamela@pamelahypnotherapy.com or text message (07572917363) by 8pm of the evening before the appointment at no additional cost.

If you require an appointment during a time that isn't available on the booking system online you can email or text to check for availability. These appointments have a surcharge of 20%. All appointments are charged at £100, they can last up to 2 hours, but are usually 1 hour long. To the best of my knowledge all the information I have provided is current and accurate. I confirm that I have read, understood and agree to the terms as presented in this contract.

Clients full name (capitals)

Clients signature

Date

Therapist full name (capitals)

Therapist signature

Date