Kevin A Rymill
NCIP BSCH and NCPS Accredited

01932702662
68 Bousley Rise Ottershaw KT16OLB

CLIENT CONTRACT

Initial sessions are for 75 minutes.
Individual Psychotherapy and Couples sessions are for 60 minutes.
Hypnotherapy and EMDR sessions can be up to 75 minutes.

Punctuality is appreciated, as this is your time. If you are 15 mins late and you have not contacted me then the session is considered missed and you are liable for the session fee.

24 hours notice is required for a cancelled or rescheduled appointment, or you are liable for the full fee.

If I am not able to take your telephone call, then please leave a voicemail.

In the unlikely event that I have to cancel a session I will endeavour to offer an alternative suitable appointment that week.
I reserve the right to cancel an appointment if I believe you are under the influence of drugs or alcohol.

Fees, which are reviewed annually at the beginning of January, are currently:

£73 for Individual Psychotherapy and Initial sessions
£92 for Couples sessions
£92 for Hypnotherapy or EMDR sessions

A minimum of two sessions is recommended prior to ending therapy.

I am an Accredited Psychotherapist and Hypnotherapist with the
National Council of Integrative Psychotherapists, British Society of Hypnotherapists and
the National Counselling and Psychotherapy Society.
I am on an Accredited Register that has been Accredited by the Professional Standards Authority.
I work within, and am bound by, the Confidentiality Guidelines and the Code of Ethics and Practice of the above societies.

I hold Public Liability Insurance.

I have read and understood the above terms and conditions and agree to them.

Client's signature: …….. Date: …….

Therapist's signature: ……. Date: …….

Kevin A Rymill
Psychotherapist; Hypnotherapist

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CONFIDENTIALITY

My services are confidential and your identity and all personal details will be protected by me. The only exceptions will be when I believe there is a risk of serious harm to you or to others, including a risk to any children by persons other than the client.

In the very rare event of my reasonably deeming it necessary I may disclose information to parties who have an absolute need to know eg your GP, the Social Services or the Police. I aim to seek your consent and cooperation before doing this.

DATA CONTROL

I am obliged by my Professional Code of Ethics and Conduct to keep written records of my sessions. Details are kept to a minimum.
I store your contact form emails and phone records electronically while you are my client in therapy however I remove all of these details when your therapy with me has ended.
I do not store client case notes electronically.

The storage of these records is my responsibility, and any request for copies of reports must be made to me in writing. Copies will only be released with your specific written authority.

I, ……. (please print name) have read and understood the above terms and conditions and agree to them. I hereby give consent for **Kevin A Rymill, Psychotherapist**, to hold written therapeutic counselling notes and other email records relating to my contact with him.

Signed: …….. (Client) Date: …….....

Signed: ……... (Therapist) Date: …….