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## Therapy Contract, Terms and Conditions

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### Consent and Procedures

**Consent** is gained **prior to** any intervention (including assessment, advice and therapy) using a separate form addressed to the client and witnessed by a carer if applicable, involving written consent: *N-PIInformationConsentSept2021*.

All **information** gathered as part of liaison assessment and therapy is processed as GDPR special category information, kept **confidential** and used for **legitimate** interests for the purpose of **healthcare** only, including sharing with other relevant **professionals** (as per written consent) and in accordance with HCPC guidelines. Separate informed consent is sought for any **research** activity involving personal information. Where informed consent for therapy or research activity is not possible due to a client's communication or cognitive difficulties, consent from next of kin is sought and intervention is offered in the client's **best interests**.

Consent of the patient or service user for **telehealth** will be sought via email, telephone or text prior to videoconferencing (e.g. Zoom, Skype or Facetime). Their consent is implied by the **accepting the invitation** and joining the consultation. Within telehealth consultations personal/confidential patient information will be **safeguarded** as in any other consultation.

Client information is kept on the New Pathways **PC** which is security protected and backups are kept with encrypted sticks. Hard copies of **notes** are kept locked away in a filing cabinet. Following discharge or in the event of consent being withdrawn at a later date, it is part of the duty of care of a health professional to **keep records** after intervention for legal and insurance reasons (as per HCPC guidelines) but after discharge from the caseload or withdrawal of consent the details will be used only for legitimate healthcare or research purposes. Clients will be informed of any **external requests** for information concerning their New Pathways records. If a safeguarding issue is identified during the course of intervention, it is the duty of the therapist to **report** the issue to the relevant local authorities irrespective of consent.

Photographs/videos of clients and/or carers will not be used on the New Pathways website or for purposes outside direct therapy unless they have given specific written consent using the 'Consent for use of photos & video' form: *(N-PPicturesConsentFormApril2018.docx)*.

## Additional Information: Dr Katharyn Mumby

Fees for an initial consultation or detailed report should be paid on receipt of the relevant invoice. Invoices for therapy are normally sent out once a month. If you want to pay more frequently, please let me know.

Clients using private health insurance are responsible for settling the invoice and then claiming from the company concerned. It is advisable to check the level of cover before agreeing to therapy.

**Cheques** should be made payable to: Shared Stories Ltd.

**BACS payment:** Shared Stories Ltd. sort code: 52-30-17 account no: 32068522

Address for postal correspondence:

New Pathways, Westown Barton, Westown, Hemyock Devon EX15 3RW

I try to keep all appointments, but no liability can be accepted for inconvenience/expense if unforeseen circumstances mean arrangements are cancelled or changed.

### **CANCELLATION POLICY**

*Please give a minimum of 24 hours notice of cancellation of appointments wherever possible.*

*Sessions cancelled by the client with less than 24 hours notice will be liable to the full charge of the session fee (without any travelling costs).*

### **COMPLAINTS PROCEDURE**

*Feedback about the service is welcomed. Please discuss any complaints or concerns that you may have with me in the first instance. If we are unable to resolve the difficulty, then please write to ASLTIP or you may also contact the Health and Care Professions Council.*

**This form may be accepted via email where there is no face-to-face contact, and the email will be taken as evidence of consent where it is not possible to scan or photograph signatures.**

I/We agree to all the above and the terms and conditions as set out in the New Pathways 'NewPathwaysLeafletSep2021' brochure.

Name.....

Date.....