

Sign and keep



Blackpool Teaching
Hospitals
NHS Foundation Trust

Client Number

SHARE-Psychosexual Service Client and Therapist Agreement for Therapy

The therapist allocated to assist specifically with your needs is:

Therapist
Name

Attendance.

We aim to see our clients on a regular basis, and we know from experience and research that if you are able to attend all your appointments that this makes therapy more successful and offers you the best care possible.

We have the capacity to offer a maximum of 8 routine appointments in your episode of therapy. If you fail to attend an appointment, this will be deducted from the 8 appointments offered.

We monitor all client appointments and due to service demand have a cancellation/failed to attend appointment policy. The main points being:

2 cancellations or appointments that you fail to attend could mean automatic discharge or discharge at your therapist's discretion (a cancellation is within seven days of your booked appointment).

We do not accept re-referrals within 12 months of discharge. The service does not accept self- referrals.

If the service needs to cancel your appointment you will be contacted given as much notice as possible and your appointment rearranged accordingly which will not impact your episode of care.

I understand that I have been offered appointments within SHARE Psychosexual Service and the importance of attending all appointments as booked.

*If I am unable to attend, I will contact the service on **01253 958020** or **07538475987** to cancel the appointment giving as much notice as possible by speaking with the administration team or leaving a voicemail.*

/we understand the cancellation /fail to attend policy points as above.

Agree

Do Not Agree

V16 August 2022

Your appointments

We will provide a safe, confidential, undisturbed and private environment to enable you to gain the most out of each appointment that you attend. Appointments are on average 50minutes in length. Whilst we aim to start appointments promptly, occasionally and only in exceptional circumstances might the start time be a little delayed. If you are more than 10minutes late to your appointment, it will be the therapist's discretion as to the appointment going ahead on that occasion. If the appointment continues, it will be ended at the original booked appointment time. Any booked appointment that is cancelled due to late attendance will be counted toward one of the 8 allocated for your episode of care.

The service operates from a base. ALL contact is to be made via the service office on **01253 958020** or **07538475987**.

Attendance: *I/we agree to attend my appointments punctually so far as within my control to do so.*

Mobile phones: *I/we agree to turn off mobile phones whilst in appointments*

Alcohol and substance: *I/we agree not to attend appointments under the influence of alcohol or substances/drugs as this invalidates the session.*

Babies/children: *I/we understand that it is inappropriate to attend therapy with children of any age.*

Animals: *I/we understand that it is inappropriate to attend therapy with animals of any kind with the exception of assist dogs.*

Service Contact: *I/we understand that all contact with the service is only via the service base on 01253 958020 or 07538475987.*

Agree

Do Not Agree

Video and telephone appointments

Video and telephone appointments may be discussed with you as an option for part or all of your therapeutic experience. The offering of any therapy alternate to face to face appointments will be at your therapist's discretion and based on their clinical expertise and can be stopped if either you or your therapist feels the approach is not providing the most effective therapeutic care for your particular needs at the time.

As above, both parties will need to ensure privacy is maintained, that appointment times are adhered to and that both the therapist and client "attend" for the appointment dressed appropriately, ready for the session and able to focus during the appointment without distraction.

Under no circumstances should the video appointment be recorded

I/we understand the structure of video/telephone appointments

I/we understand that video/telephone appointments MUST NOT be recorded

Agree

Do Not Agree

V16 August 2022

Contact outside of sessions

To provide a safe therapeutic arena it is essential that both the therapist and client develop, understand and maintain boundaries.

If therapist and client inadvertently meet outside of the session, to maintain and respect your privacy and that of the therapist, the therapist will not automatically acknowledge you and would not enter into any conversation.

The service will respect the clients preferred methods of contact. All contact with the service/therapist will be via the service office on **01253 958020** or **07538475987**. Under no circumstance should the client attempt to contact their therapist by any other means including personal/business mobile numbers, email or on social media.

Agree

Do Not Agree

/we understand the restrictions to contact outside of my sessions

Information Governance/Confidentiality

Your therapist will make notes on the sessions which are kept on an electronic database which is not available to your GP or hospital records. These clinical notes are only available to the SHARE Psychosexual Team. Information shared by you in your appointments is kept strictly confidential with the following exceptions:

If your therapist has any concerns that you or someone else will come to significant harm, or in cases such as child protection or terrorism, we are bound by law to breach confidentiality and report accordingly.

Periodically your therapist will discuss their entire caseload with a colleague in a process called clinical supervision. This will include your case, but this information is shared no further.

Your therapist may also write letters that concern you and your case. The information in any correspondence is extremely considered, and only essential information shared which is not to the level of detail discussed in session. You will be routinely offered a copy of letters concerning your care. **PLEASE INFORM THE TEAM OF ANY CHANGES TO YOUR ADDRESS, PHONE NUMBERS OR GP WHILST IN OUR CARE**

Records are kept as per TRUST policy before being appropriately archived, deleted or anonymised.

If you attend therapy as a couple, all clinical notes in both your individual records will appertain to both parties and be identical.

Further information regarding how we use health records will be discussed at your initial appointment and a leaflet given. ***/we understand the information regarding record keeping and confidentiality agree to Inform the team of any changes to personal details ie address, phone numbers or GP***

Agree

Do Not Agree

V16 August 2022

Access to your records Discuss with your therapist if you wish to have access to your records whilst a client in the service.

Once discharged from the service to access any health records you would need to complete a "subject access request" via the Data Access Team 01253 300000 (Trust switchboard number).

When a couple is the client, the notes made remain the confidential material of the couple relationship meaning that one person cannot request access without the permission of the other.

I/we understand the information regarding access to records

Agree
Do Not Agree

The therapeutic alliance

We provide a non-judgemental professional environment and you will be treated at all times with respect and dignity

Equally all staff in the team is entitled to be treated with due consideration and respect.

The service has a right to end therapy if a perceived threat to the physical or psychological wellbeing of its staff is apparent.

All therapists have a professional obligation to adhere to College of Sex and Relationship Therapists (COSRT) Code of Ethics and Practice for General and Accredited Members and the Conduct Procedure. All of which can be found on the website www.cosrt.org.uk.

I/we understand the information regarding the therapeutic alliance

Agree
Do Not Agree

I/we give consent to commence therapy within SHARE-Psychosexual Service. I/we understand that commitment to therapy by myself and my therapist best places me/us to address difficulties however there is no guarantee of the outcome.

Agree
Do Not Agree

PLEASE TURN OVER TO COMPLETE AND SIGN THIS AGREEMENT / CONTRACT

Once signed and dated by client and therapist, one copy will be retained by the client and a second copy saved into your records

Client/s/Therapist signatures

Client 1 signature

PB Number

Label

Date

Client 2 signature

PBP Number

PBP

Date

Therapist signature

Print name

Label

Date