CLIENT CONTRACT

Amaris Raiana - Psychotherapy Agreement

1. Confidentiality

I, Amaris Raiana, will treat the content of psychotherapy sessions in the strictest confidence. The exceptions to this rule are as follows:

a. Psychotherapy Clients: In adherence to good practice, I will discuss my clients with a fully qualified supervisor who is also a full member of, and abides by the ethical guidelines of, their professional body, for example the College of Sexual & Relationship Therapists (COSRT) or the British Association for Counselling and Psychotherapy (BACP).

b. If I have reason to believe that you may pose a risk to yourself or others, I will notify the appropriate authorities. I will make every effort to obtain your consent before doing so, but may act without it.

c. If compelled by a court or by law to disclose information or any notes I may keep. This could be the case, for example, with money laundering, drug trafficking or acts of terrorism. The work to which this contract relates is subject to English/UK law and English courts. Otherwise, I do not give permission for my notes to be used in court cases. My notes are written for my own use as aides-memoire.

d. Clients referred by other agencies, such as general practitioners: letters may be written at the start and end of the work to inform the referrer of progress, and at other times if changes occur or medical intervention is required. I may contact such other agencies if I am concerned about your wellbeing, as outlined on the accompanying Intake Form, which I also ask you to complete, sign, date and return.

e. If needed to facilitate the management and delivery of services, collection of fees, or management of any complaint.

f. In the event of my death or mental or physical incapacity, my Professional Executor will contact you to inform you. This person is another psychotherapist working to the same code of ethics.

g. You may wish me to refer you to a specialist or contact your GP on your behalf, in which case I may provide relevant background information to that person.

h. Where I am working with a couple, anything disclosed by one member of the couple separately (for example by telephone or in an individual session) may be brought into the couple sessions.

2. Location

Online sessions take place in a private room where I reside, or within my office reserved for in-person work in Dorset.

3. Length and Duration of Sessions

Each session will last for either 50, 75 or 90 minutes, as pre-agreed. Clients should attend weekly. A minimum of 12 sessions is advisable.

4. Payment and Session Booking

a. Payment should be made by BACS transfer prior to each session. IBAN and cryptocurrency payment details are available by request.

b. Name of account: Amaris Raiana
Account No: 13111364
Sort Code: 11-03-18
Please use your name and date of session, where possible, as the payment reference.

c. Fee Reviews: Your session fee will be agreed with you before psychotherapy begins. My fees are reviewed periodically and the rates offered to new clients may change from time to time. A change to the rate offered to new clients does not automatically change the fee already agreed with an existing client.

Your agreed session fee may also be reviewed periodically. If I propose a change to your fee, I will give you reasonable advance notice of the new fee and the date from which it will apply. You are not obliged to continue psychotherapy following a change to your session fee and may choose to end our work in accordance with this

agreement.

Any review of a concessionary arrangement under section 4(d) is separate from a general review of my fees.

d. Clients Transferring from Online Psychotherapy Platforms: Clients transferring to my private practice from an online psychotherapy platform or other online service, will be offered my current concessionary rate or the equivalent rate they were paying through the platform, whichever is higher. Evidence of the current platform rate is required. Please provide a screenshot or other confirmation showing the relevant fee; any unrelated personal or financial information may be redacted.

Where my concessionary rate applies, this will initially be agreed for 12 weeks. At the end of this period, the concessionary arrangement will be reviewed to consider whether it remains sustainable. The concession may continue or a different fee may be agreed. Any proposed change will be discussed with you before it takes effect.

e. I aim to book you into the same slot each week. Depending on my client load, this may be negotiable.

f. Cancellation & Rescheduling: At least 72 hours' notice should be given for cancellations; otherwise, the full session fee is payable and must be cleared ahead of the next session. If you attend a session 15 minutes late or more, the session will not take place and the full fee will remain payable. Sessions may be rescheduled with at least 72 hours' notice, subject to availability. For changes within 72 hours, I will do my best to offer an alternative appointment, but this cannot be guaranteed. For clients paying monthly in advance, any alternative session must take place within the period covered by the current invoice and cannot be carried over into the next payment period. For clients paying weekly, any alternative session must take place within 7 days of the original appointment. If an alternative cannot be arranged within these timeframes, the original session fee remains payable.

5. Psychotherapeutic Relationship and Boundaries

a. I will use my knowledge and experience to help you resolve or come to terms with your difficulties, and you undertake to work alongside me in this joint endeavour.

b. I will not accept friend or follow requests on my private, locked social media accounts.

6. Safety

a. You will not attend any session while under the influence of alcohol or non-prescribed drugs. Any behaviour I consider threatening to myself or another client will bring the session to an immediate end.

7. Data Protection

a. Handwritten records of your contact details are kept on a sheet completed at the start of our work together. Background notes of sessions and content, and copies of any questionnaires, may be kept on file as a memory aid and to monitor progress. These records are kept secure, private and confidential, except as indicated in paragraph 1 above. I store notes in a secure, locked filing cabinet. My computer and phone are password protected. I do not keep psychotherapy notes on them, although they will contain your contact details.

b. I keep invoices/receipts for all sessions on my computer and will send copies of yours to you as requested.

c. To work effectively and safely, neither you nor I will attempt to record a session or part of a session without prior permission.

d. My preferred contact is via email, which is checked and responded to within the business hours listed on my page; these hours are subject to change.

e. Sometimes clients, solicitors, police or courts may request access to client records. As these records are not created for use in legal proceedings, I reserve the right to resist legal requests to produce them in court. Any request for a written report will be considered case by case on receipt of your written consent. Any report provided will not refer to specialist diagnosis or matters outside the psychotherapist's training and will be restricted to brief details such as attendance dates and numbers of sessions attended.

f. You may exercise your rights under UK data protection legislation and make a subject access request in respect of your personal information held by me. If the service is provided to more than one person, release will only be undertaken where the applicable data protection requirements are met. Requests should be made in writing. I may ask for information necessary to confirm your identity before responding.

g. Please do not use email communication if you are concerned about inadvertent breaches of privacy. My email correspondence is kept on encrypted, password-protected devices.

8. Contact Outside of Sessions

a. Contact between sessions should be limited to administrative matters, such as scheduling or rescheduling appointments. Psychotherapeutic issues will be addressed during session time only.

b. In the event of an emergency or crisis, please contact the appropriate emergency services or support organisations, as I am unable to provide emergency cover outside scheduled sessions.

9. Endings

a. You agree to attend a final session to establish a constructive conclusion. This session remains payable, regardless of your attendance.

b. I reserve the right to determine if continuing our work together is not clinically viable. In such cases, I will provide you with the reason for this decision and, where appropriate, offer a safe ending to our psychotherapeutic relationship.

10. Additional Online Considerations

I will host online sessions on Psychology Today. The link will be provided to you on booking. Sessions will not be recorded by either party. AI note-taking software is not permitted. All terms outlined in this agreement apply equally to online or telephone sessions. If, for any reason, the Psychology Today connection cannot be maintained, we will use the telephone as a backup. The same commitment to ethical codes and UK law applies.

11. General

The delivery and management of services under this contract are deemed to occur within the United Kingdom, whether services are provided in person or via electronic or telephonic means. This contract is to be interpreted and governed by the laws of England and Wales.

By signing below, you acknowledge that you have read, understood and agree to the terms outlined in this agreement.

CLIENT AGREEMENT & ELECTRONIC SIGNATURE

Electronic Signature
By typing my full name in the signature field below, I confirm that I have read and understood this Client Contract, agree to its terms, and intend my typed name to constitute my electronic signature.

Click inside each outlined box to enter your details. If two clients are attending together, each client should complete their own section.

CLIENT 1

Full name

Electronic signature - type your full name

Date (DD/MM/YYYY)

CLIENT 2 (IF APPLICABLE)

Full name

Electronic signature - type your full name

Date (DD/MM/YYYY)

Practitioner name: AMARIS RAIANA

Practitioner signature: