

Client Agreement & Consent Form for Therapy

1. Frequently Asked Questions (FAQ) & Terms and Conditions of Receiving Therapy

How does Hypnotherapy & Solution-Focused Brief Therapy work?

I practice both **Hypnotherapy and Solution-Focused Brief Therapy (SFBT)**. These models are future-focused, helping you identify achievable changes and set clear goals. During our first meeting, we will discuss which therapy model is best suited to your needs. I also offer **Rewind Therapy** for **PTSD** and **Phobias**. For further details, visit www.iartt.com.

What is the General Data Protection Regulation (GDPR) and how does it affect me?

The GDPR ensures your personal data is secure, private, and processed with your consent. You can read my **GDPR policy** on my website at www.adlamtherapy.com.

How is my information kept secure?

- **Hardcopy documents** are stored in a locked cabinet.
- **Text messages** are secured with face ID and PIN code.
- **Emails and electronic documents** are protected with passwords and stored securely on a protected computer.

How long will you hold my information for?

I will retain your data for 8 years after your final session. If you are under 18, records will be kept until your 25th birthday, unless treatment ends earlier. Records are deleted by January after the retention period.

Can I request my records to be deleted earlier?

Yes, under GDPR, you can request that your records be deleted. I will securely delete all data as requested.

Why do you need to record this information?

I collect relevant details to better support your therapy, including medical information and session notes. This helps me provide high-quality therapy and stay informed for each session.

Laura Adlam Therapy Solutions

Email: info@adlamtherapy.com

Phone: 07749813600

Is what we discuss kept confidential?

Everything discussed in therapy is confidential. I may discuss aspects of our sessions with my supervisor for professional support, but no identifying information will be shared. My supervisor also complies with GDPR.

What if I see you outside of therapy?

If we meet outside therapy, I will acknowledge you with a smile but not engage in conversation to maintain confidentiality. If you wish to speak with me, I am happy to do so upon your request.

What about communication with other Health and Social Care Professionals?

I will only communicate with other healthcare professionals with your explicit, written consent. However, if you are at risk of harming yourself or others, I am legally obliged to inform the appropriate authorities. I must also release your information if required by law (e.g., a police warrant).

How long will each session be, and what is the cost?

Each session is up to 60 minutes and costs **£70** per session, payable at the time of the session via cash, card, or bank transfer.

What if I'm late or need to reschedule?

If you are running late, please notify me. Sessions may be shortened if another client is waiting. Cancellations with less than 24 hours' notice may result in being charged for the full session. Multiple cancellations may require prepayment for future sessions.

Can you end my treatment early?

If I experience any form of abuse or if you repeatedly cancel or fail to attend sessions, I reserve the right to terminate treatment immediately.

2. Treatment Consent Form

I, the undersigned, consent to receiving therapy with **Laura Adlam Therapy Solutions**.
The therapist has fully explained either:

- **Hypnotherapy**
- **Solution-Focused Brief Therapy**
- **Rewind Therapy**

I understand the following:

- I understand that **results** from Hypnotherapy, Solution-Focused Brief Therapy, and Rewind Therapy **may vary** from person to person.
- I agree to make payment for each session at the time of the appointment. I also agree to give at least 24 hours' notice for cancellation of a session. If I fail to provide this notice, I may be charged the full session fee.
- The therapist reserves the right to refuse or postpone treatment if they feel threatened, disrespected, or unsafe in any way.
- **If you are accessing therapy remotely** (e.g., online or by telephone), I will provide an alternative contact number for the therapist.
- **I acknowledge** that technical issues may arise during remote sessions. If this happens, the remainder of the session will be conducted by phone, or the session may be rescheduled.
- All information shared during therapy and consultations will remain confidential with the following exceptions:
 - The therapist has a professional obligation to report any suspicion of abuse or harm to a child.
 - The therapist has a professional obligation to report concerns if they believe the client intends to cause harm to themselves, the therapist, or others.
 - If necessary, a query on suitability or potential conflicts with other treatment practitioners may be raised with the client's knowledge.

If I am receiving any medical treatment, it is recommended that I inform my medical professionals of my interest in Hypnotherapy, Solution-Focused Brief Therapy, or Rewind Therapy and consult my GP before starting any complementary therapies.

I understand that results from therapy may vary.

Laura Adlam Therapy Solutions
Email: info@adlamtherapy.com
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3. Consent for Data Protection (GDPR)

This document explains your consent regarding the use of your personal data in line with the **General Data Protection Regulation (GDPR) 2018**. Your data will only be used to provide therapy services and any other purpose you explicitly agree to.

Consent for Contact:

Please tick to confirm your consent for the following:

- ☐ Appointment scheduling or changes
- ☐ Answering brief questions between sessions
- ☐ Receiving updates/information about Laura Adlam Therapy Solutions

Preferred Contact Methods:

Please tick your preferred method(s):

- ☐ Text/WhatsApp
- ☐ Phone call
- ☐ Voicemail
- ☐ Email

Acknowledgment:

By signing, you confirm you've read and understood the GDPR Policies and Procedures for Laura Adlam Therapy Solutions and consent to the processing of your data as outlined. You have the right to withdraw consent at any time.

4. Agreement and Signature

By signing below, you acknowledge that you have read, understood, and agree to all the terms and conditions outlined in this document. You consent to receiving therapy services and the processing of your personal data as described.

Client Name (Print): _____

Client Signature: _____

Date: _____