



Client and Therapist Confidentiality Contract

Welcome to Talking Therapies.

Talking Therapies takes confidentiality very seriously. Your GP will be informed of your contact with Talking Therapies.

Confidentiality may also be broken for the following reasons; circumstances relating to harm of others or self; identified risk(s) to children or vulnerable adults (this includes historical abuse disclosures and risk to others).

If you are under 18 years old, we may be required to inform your Parent(s) and/or legal guardian of your engagement with Talking Therapies in case of safeguarding or risk concerns.

For further information please read our Patient Information Leaflet.

We aim to keep our waiting times as short as possible, and in order to be fair to other patients awaiting treatment it is important that you keep your planned appointments.

I (you) agree to abide by the following Wellbeing Service Contract Terms:

Attendance

- To attend on time in person/ by video consultation or by telephone for any pre-booked appointment
- To cancel any planned appointment that I am not able to attend giving at least 3 working days' notice
- Frequency and times of sessions will be discussed and agreed and will normally be weekly or fortnightly
- If I have more than two unplanned cancellations, in person/ by video consultation or phone, I will be discharged from Talking Therapies unless there are exceptional circumstances
- If I fail to attend a pre-booked session without an explanation and contacting Talking Therapies I will be discharged to my GP if I do not contact the service within 24 hours
- I understand that any unplanned cancellations will be deducted from the overall number of therapy sessions that I have planned with my therapist
- If you are unable to commit to attending either in person/ by video consultation or by telephone for the next 4 weeks, then we suggest you delay the start of your therapy

Fitness to attend

- To be fit to engage in a psychological therapy by not being intoxicated or affected by drugs/medication for either individual or group sessions
- Talking Therapies operate zero tolerance of all forms of abuse; therapists and/or clients reserve the right to end treatment in the event of any abusive behaviour or other exceptional circumstances



Ending therapy

I understand that after I end treatment Talking Therapies may contact me with information about other services, we offer that will support my wellbeing.

Your full name

Your signature

(verbal agreement to be recorded in clinical notes if session is by telephone)

Date

Therapist's Name

Complaints & Feedback: If you are unhappy with any aspect of your experience with Talking Therapies or wish to give feedback please contact our Clinical Services Managers, Matthew Poll, Edward Rennie or Joanna Rollings

Call [0300 365 2000](tel:03003652000)

Email talkingtherapies@berkshire.nhs.uk

Web talkingtherapies.berkshirehealthcare.nhs.uk/

Please note; if you need a quick response please call in to the service as our email response times are 3 working days.

I understand that it is important that staff providing psychological therapies receive supervision and that their skills are monitored and assessed to ensure quality of service to patients.

Audio recording session or video recorded sessions with patients allows the clinical supervisor or professional trainer to listen to the session, and the therapists' skills can be monitored, and they can learn to improve their work.



The purpose of this digital recording is to provide Berkshire Healthcare staff with an audio or audio-visual record of the session. The recording may be used for the following purpose(s):

Member of staff to tick those for which the recording has been made:

Clinical supervision, this will not form part of the clinical record and recordings will be deleted within 3 months of creation, unless explicit consent to continue retention and use of the recording is gained.

Education and training of staff, this will not form part of the clinical record and recordings will be deleted within 3 months of creation, unless explicit consent to continue retention and use of the recording is gained.

By signing this form, I confirm that my Healthcare Professional has fully explained what they would like to record, the reasons for this and how the recordings will be used, therefore I understand that:

- The recording will be kept confidential and stored securely, used only for the purpose(s) specified above, or where there is a lawful basis to share the recording(s)
- I can withdraw my consent at any time by contacting the service or by telling the Healthcare Professional at my next session I no longer wish for recordings to take place
- The recordings will only be accessed by staff associated with my care and the supervision of this (which may be external to Berkshire Healthcare)
- The recordings will **not** form part of my patient record
- The recordings will **not** be made available to the worldwide web or other sharing medium

Your full name

Your signature

(verbal agreement to be recorded in clinical notes if session is by telephone)

Date