

Welcome to Talking Therapies

Therapy sessions

Confidentiality

Talking Therapies takes confidentiality very seriously and will only break confidentiality if;

- We have concerns relating to harm to yourself or others
- If we identify there may be risk to children or vulnerable adults (including disclosures of historical abuse and/or risk to others).

If you are under 18 years old, we may 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](#).

Please be aware we will inform your GP of your contact with us as they are the main health professional responsible for your care.

Appointments

In order to keep our waiting times as short as possible and be fair to those awaiting treatment, it is important you keep your planned appointments.

The frequency and times of sessions will be discussed and agreed with your therapist, but will normally be weekly or fortnightly. If you are unable to commit to attending appointments in the next four weeks, then we suggest you delay the start of your therapy.

Complaints and Feedback:

If you are unhappy with any aspect of your experience with Talking Therapies or wish to give feedback please contact our clinical service managers on either our main number [0300 365 2000](tel:03003652000) or email talkingtherapies@berkshire.nhs.uk

Please note, if you need a quick response please call into services as our email response times are three working days.

Therapy Contract Terms

I (you) agree to the following Therapy Contract Terms:

Attendance:

- To attend on time for any pre-booked appointment.
- To cancel any planned appointment that I am not able to attend giving at least three working days' notice.
- If I have more than two unplanned appointment cancellations, I will be discharged from Talking Therapies unless there are exceptional circumstances.
- If I fail to attend a pre-booked appointment without contacting Talking Therapies with an explanation within 24 hours, I will be discharged to my GP.
- That any unplanned cancellations will be deducted from the overall number of therapy sessions that I have planned with my therapist.

Fitness to attend:

- To be fit to engage in a psychological therapy by not being intoxicated or affected by drugs/medication.
- We 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 they offer that will support my wellbeing.

Therapy Contract Terms

By signing the below I confirm that I have read and understood the Therapy Contract Terms

Patient Name..... Patient Signature.....

Date..... Therapist Name.....

Client Consent

Supervision and Training

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.

At key points of training, trainee therapists/psychological wellbeing practitioners are required to shadow trained staff in order to observe clinical skills. If this is required, staff will ask your permission in advance or at the start of your clinical session.

Recording sessions

Recording your therapy sessions by audio or video, allows the clinical supervisor or professional trainer to listen to the session, monitor the therapist skills and support them to improve their work. Recorded sessions:

- May be used for clinical supervision, education and/or training of staff.
- Will not form part of my patient record.
- Will be deleted within three months of creation, unless consent is given to extend this time frame.
- Will be kept confidential and stored securely.
- Used only for the purpose(s) above or where there is lawful basis to share the recording(s).
- Will only be accessed by staff associated with my care and the supervision of this (which may be external to Berkshire Healthcare Foundation Trust).
- Will not be copied or shared online.

Recording Consent

By signing the below 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.

Patient Name.....

Patient Signature.....

Date.....

Therapist Name.....