

Registration & Therapy Agreement

ZC Therapy | Information to help provide safe, appropriate and personalised support



Welcome

Please complete the sections that apply to you. If you are unsure about a question, leave it blank and discuss it with Zach. Information provided will be handled in line with the data protection information in this agreement.

Before completing the form

- Please check that contact details, emergency contact information and GP details are accurate.
- Optional questions are clearly labelled. You may choose “prefer not to say” where offered.
- Please read the therapy agreement before initialling and signing the declaration.
- This form is not monitored as an emergency service. The emergency information later in the agreement explains where to seek urgent help.

Full name

as used for records

Date completed

DD / MM / YYYY

Preferred method of contact

☐ Email ☐ Mobile phone ☐ Other

Other contact method

1

Your details

Contact information and personal details

Full legal name

Preferred name

if different

Date of birth

DD / MM / YYYY

Pronouns

optional

Gender

optional

Full address

Postcode

Occupation

optional

Mobile phone

Home phone

optional

Email address

suitable for therapy-related information

Emergency contact

Why this is requested

An emergency contact may be used if there are serious concerns about your immediate safety and it is appropriate to do so.

Emergency contact name

Relationship to you

Emergency contact phone

Alternative number

optional

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GP and health information

Information relevant to safe and coordinated care

GP name

GP practice phone

GP practice name and address

Current medication

include medication and dosage; write none if not applicable

Relevant health conditions, allergies or accessibility needs

optional

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Insurance and payment

Complete this section only if you intend to claim through private medical insurance

Do you intend to use private medical insurance?

☐ Yes ☐ No ☐ Not yet decided

Insurance provider

if applicable

Policy or membership number

if applicable

Authorisation code

if applicable

Sessions authorised

if known

Insurance conditions or renewal date

Insurance billing declaration

I understand that I am responsible for checking my policy terms, exclusions, excess and authorisation requirements. I understand that I may remain responsible for charges that are not paid by my insurer.

Client signature (type name)

Date

DD / MM / YYYY

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Preferences and practical needs

Help make sessions accessible and workable for you

Usual session format

☐ Face to face ☐ Microsoft Teams ☐ Telephone ☐ To be agreed

Communication, sensory, mobility or processing adjustments

optional

Anything else that would help sessions feel safe and accessible

optional

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Data protection and privacy

How personal and clinical information will be used and protected

5.1 Data collection and use

- Personal information, contact details, date of birth, medical information and therapy records are collected to provide therapy services.
- Information may also be used for administration, including scheduling, billing and communication about therapy.
- Where a secure clinical transcription and note-generation tool is used, session recording is temporary. The recording is deleted after transcription, the transcript is deleted after 7 days, and final clinical notes are retained in the clinical record.

5.2 Storage and security

- Personal data is stored in locked physical files or password-protected electronic systems.
- Access is limited to the therapist and, where necessary, administrative support bound by confidentiality.
- Final clinical notes and documents are stored in WriteUpp. Records are retained for 7 years after therapy ends, or until age 25 for a client who was a minor, before secure destruction.
- Session summaries, worksheets and formulations may be sent by encrypted email. The email address supplied should therefore be suitable for receiving sensitive information.

5.3 Confidentiality and its limits

- Information will not normally be shared with a third party without explicit consent.
- Information may be disclosed where required by law or where there are serious safety or safeguarding concerns, including risk of serious harm, abuse or neglect, court proceedings or relevant insurance requirements.

5.4 Your rights and questions

- You may request access to your personal data, ask for inaccurate information to be corrected, or request deletion where this is compatible with legal and professional obligations.
- You may withdraw consent for optional processing. This may affect which services can be provided where processing is necessary for therapy administration or clinical records.
- Questions or concerns can be discussed with the therapist. You may also contact the Information Commissioner's Office at www.ico.org.uk.

Please discuss anything unclear

This summary is intended to be readable. It does not prevent you from asking questions before you agree or at any point during therapy.

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Appointments, fees and communication

Practical terms for working together

6.1 Cancellations

- Please give at least 48 hours' notice to cancel or rearrange an appointment.
- A cancellation made less than 48 hours before the appointment may be charged at 50% of the session fee.
- If an appointment is missed without notice, 50% of the session fee may be charged.
- Please contact the therapist by phone or email as soon as possible if an appointment needs to change.

6.2 Fees

- The standard fee is £85 for a 50-minute therapy session.
- For directly funded sessions, payment is expected within 24 hours of the session.
- Work beyond a standard therapy session may carry an additional fee. Examples include reports or letters, attendance at meetings, telephone consultations outside scheduled sessions, treatment summaries and liaison with other professionals with consent.
- Any additional work and fee should be agreed before the work is undertaken.

6.3 Communication outside sessions

- Phone and email may be used for appointments and agreed therapy-related communication.
- Messages are responded to during working hours. Email and voicemail are not emergency services and may not be read immediately.

6.4 Remote sessions

- For Microsoft Teams or telephone sessions, join from a private location where possible and provide the current location at the start of a session if requested for safety reasons.
- If a remote session is interrupted, the therapist may attempt to reconnect using the contact details on this form.

Session fee summary

Standard therapy session: £85 for 50 minutes. Current fee and payment arrangements can be confirmed before therapy begins.

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Urgent support and emergencies*What to do if immediate or crisis support is needed***ZC Therapy is not an emergency service**

If there is immediate danger, call 999. For urgent mental health support, contact NHS 111 and select the mental health option available in your area. You can also contact your GP or local crisis service.

7.1 Therapist availability

- Emergency or crisis support is not available outside scheduled appointments.
- Messages and emails are responded to during working hours and should not be relied upon for urgent help.

7.2 Use of emergency information

- If there are serious concerns about immediate safety during therapy, the therapist may contact the emergency contact, GP, local emergency service or another appropriate service where necessary.
- During a remote session, local emergency services may be contacted if there are serious concerns and the session location is known.

7.3 Personal support plan**People or services I can contact if I need urgent support***optional***Important information for an emergency***optional*

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Agreement and consent

Please read each statement, tick the box and add your initials

☐**Data protection**

I have read section 5 and understand how my information will be collected, used, stored and retained.

Initials

☐**Clinical transcription tool**

I understand the stated use of temporary recording, transcription and deletion where the clinical tool is used. I have had the opportunity to ask questions.

Initials

☐**Confidentiality**

I understand the confidentiality arrangements and the circumstances in which information may need to be disclosed.

Initials

☐**Cancellations**

I have read and agree to the notice and late-cancellation arrangements in section 6.

Initials

☐**Fees**

I understand the session fee, expected payment timing and that additional work will be discussed separately.

Initials

☐**Urgent support**

I understand that ZC Therapy is not an emergency service and know where to seek urgent help.

Initials

☐**Remote sessions**

Where relevant, I understand the privacy and safety arrangements for remote sessions.

Initials

Client declaration

I confirm that the information I have provided is accurate to the best of my knowledge. I have read this agreement, had an opportunity to ask questions, and agree to the arrangements recorded above.

Client name

print

Date

DD / MM / YYYY

Client signature (type full name)

Therapist name

Zach Cairns

Date

DD / MM / YYYY

Therapist signature (type full name)

Agreed exceptions, amendments or additional notes

only points specifically discussed and agreed

Thank you

Please save or download a copy of the completed agreement for your records.