**Simon Baverstock BA (Hons), pgDip., simon.bav@yandex.com**

**19 St. Paul's Square, York. YO24 4BD. 07969 756876**

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**STATEMENT OF UNDERSTANDING**

Knowing the agreement you are entering into and what to expect from our professional relationship, including our initial meeting, is important. Please read the following:

All information which you give during psychotherapy sessions, including the initial consultation, will be kept entirely confidential and will not be divulged to any other person without your permission, with the following exceptions:

i) Where the information you give indicates a serious risk to health or safety (for example where there may be risk of harm to yourself or others)

ii) Where the law requires that the information is passed on (for example, information about the commission of serious crime) or if directed to disclose by a court of law.

As part of my monthly ongoing clinical supervision I may discuss the work I have undertaken in a session with you, with a senior supervising psychotherapist. No details of your personal identity will be revealed to the supervising senior psychotherapist. I am a clinical member of the United Kingdom Council for Psychotherapy and adhere to the UKCP Code of Ethics and Professional Practice. My senior supervisor is bound by the same Code of Ethics. A copy of this code of ethics is available online and can be made available to you in hard copy.

Personal details such as your name, address, contact numbers, etc. will be held separately from the notes I will make on our sessions. This is in keeping with recent Data Protection advice.

The fee for our initial session, which is without commitment is £….. This fee is payable on the day of your session and during Covid social restrictions payments by PayPal or BACS bank transfer are acceptable. Please add the reference “S /20” to your payment(s). My bank details are Barclays Bank Plc., sort code 20-75-92, account number 50986178 and account name Mr S. Baverstock.

Sessions must be paid for, whether you attend or not. Exceptions to the fee being payable are when sessions are missed by arrangement, for example for pre-planned holidays, or when more than 48 hours’ notice of cancellation is given, or if I am able to offer you another session on the same day by telephone, Zoom, or face to face. Sessions will be of 60 minutes duration and where possible subsequently on the same day and same time each week.

**AT THE TIME OF YOUR SESSION**

If you opt for face to face sessions at The Base, or York Clinic, you consent for the venue to securely hold a contact number for you for no more than three weeks from the date of your appointment in order to facilitate Track and Trace efforts in the event of a positive test result for Covid-19 in connection with staff, practitioners or other users at either Clinic.

If you have chosen telephone sessions I will telephone you on the number you have provided. Please arrange for yourself a quiet and private space where you are unlikely to be disturbed. If this is difficult owing to your domestic circumstances consider using an alternative space creatively, e.g. a car parked on your driveway or a garden shed.

If you have arranged for online video sessions I will email you shortly before your appointment time. The email will contain a link to the private, secure online chat room we will use. Please test that the computer, laptop, tablet, notepad or smartphone you intend to use for your appointment is compatible with Zoom and that your webcam/tablet/smartphone camera and microphone work.

I look forward to meeting with you.

Simon Baverstock

United Kingdom Council for Psychotherapy (UKCP) registered and accredited Integrative Relational Psychotherapist

**Data Protection**

I have read and understood the above Statement of Understanding.

I agree to the fair and lawful processing of personal information for the purposes of providing a professional counselling service and to monitor the effective delivery of the service in line with the Data Protection Act 1998

I, the undersigned, give my permission for records to be maintained about me.

NAME…………………………………………………………………………………………………

SIGNED………………………………………………………………………………………………

DATE………………………………………………………………………………………………….

Please complete and return to me.