Kusudama Therapy – contract for working with young people.

This part is our working agreement. By signing it, we all agree to abide by its terms and to work together in the ways specified.

This contract is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (therapist) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client), and also involves the parents/carers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The therapist –

* I agree to work with the client in a Person-Centred way, through relationship, respecting the client’s autonomy and right to just treatment.
* I will provide a safe working environment for us both, and in the case of online working, ensure that my working environment is safe and confidential.
* I will provide regular appointments, for as long as we both agree to work together. This will be reviewed together regularly.
* I agree to keep the details of our work together confidential, within the limits specified below:
  + I am legally obliged to break confidentiality where I suspect criminal activity (e.g. terrorism, fraud, abuse)
  + I am ethically obliged to report concerns regarding a child currently at risk
  + I reserve the right to contact another professional if I suspect there is the potential for the client to seriously harm themselves or another person
* I may also be requested to share client contact details in the interest of public health, when face to face contact occurs.
* I will always attempt to inform you that a 3rd party will be contacted unless prevented by safeguarding concerns.
* I aim to work to the best of my ability, so I commit to not work when I am ill or beyond my capacity. I receive support from supervisors, and to that end I will share my side of the work in an anonymised way with supervisors and peers, and as part of my commitment to professional registration.

The client –

* I agree to actively use the therapeutic relationship, and to find the additional support and self-care I need to help myself.
* I agree to not work with another therapist during the time of our contract.
* I agree to attend sessions as arranged. If I am unable to attend for any reason, I will contact the therapist.
* I agree to pay or arrange for payment for the sessions by cash or BACS, either in advance or the same day.
* I agree to attend sessions in a fit state to work, and to not be intoxicated in any way.
* I agree to limit my contact with the therapist to arranging or cancelling sessions. I will not contact my therapist between sessions unless previously arranged, or seek them out on social media.
* When working online, I agree to attend the sessions from a private place. I also agree not to record the sessions or to allow anyone to listen in.

The parent/carer –

* I agree to support my child in being able to attend their therapy, providing transport and funds where necessary
* I agree to find the additional support and self-care I need to support myself and my family
* I agree to limit my contact with the therapist to the beginning of the relationship or in the case that my child is unable to contact the therapist
* I agree to respect the confidentiality of the therapeutic relationship, unless it needs to be broken for safeguarding reasons

This part sets out the business arrangements of our relationship.

Cost and payment:

* The cost of each 50 minute session is £50 payable via BACS or with cash during the appointment. Please use your initials as your reference. Fees will be reviewed annually. Payment details: Mrs T L Goldsmith, 20-46-60, 90530816 (NB this is not a business account)
* If you fail to pay or arrange payment for two consecutive sessions, you will not be able to schedule more until the debt is settled.

Cancellation:

* If I am unwell or need to schedule a break in our work, I will provide as much notice as possible. If I cancel an appointment at short notice there will be no charge, and I will reschedule it.
* If you cancel less than 72 hours before the appointment, in most cases you will be charged for the appointment. If you fail to attend any two appointments without prior notice, I will assume you no longer wish to be in the relationship, and will seek to end it. If you do not attend a session without providing notice, there will still be a charge.
* If there is a technical problem with an online session at either end, I will seek alternative ways to contact you (e.g. a phone call). If the session cannot go ahead for technical reasons, we will reschedule and there will be no charge.

3rd party contact and professional obligations:

* I have a professional will, so that in the unlikely event of a serious illness or death, your contact details will be shared with another professional who will get in touch to let you know that we will no longer be working together. This will not include details of our work.
* I am a member of the BACP, UKCP and SPTI and as such I commit to abide by their ethical codes and frameworks. Should you wish to make a complaint against me, you can contact those organisations for assistance.
  + BACP – [www.bacp.co.uk](http://www.bacp.co.uk)
  + UKCP – [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk)
  + SPTI – [www.spti.net](http://www.spti.net)
* I can be contacted via email – [taniagoldsmith@protonmail.com](mailto:taniagoldsmith@protonmail.com) or phone – 07905596147. At present I work from my office in Loughborough.

Privacy notice:

Your information is stored securely, and used only for the purposes of conducting my business.

A full privacy notice explaining how your data is used and stored, and your rights regarding it, can be found on my website: [www.kusudamatherapy.co.uk](http://www.kusudamatherapy.co.uk)

By signing below, you indicate that you are content for me to store and use your data.

I have read and understood both parts of this contract, and show my agreement by signing it.

Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/carer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_