

Stephen Silverton

Psychotherapist · UKCP Reg. No. 00313602

Stoke Newington, London N16

Mobile: 07791 519844 · Email: ssilverton@gmail.com · Web: www.stevesilverton.co.uk

Psychotherapy Working Agreement

This agreement sets out how we will work together. Psychotherapy is a mutual commitment on the part of both client and therapist, and the work depends on a regular, reliable frame that we both uphold. Please read this document carefully and raise anything you would like to discuss or amend before signing.

I am a UKCP-registered psychotherapist, trained in Core Process Psychotherapy, and work according to the code of ethics of the Karuna Institute (copy available on request).

Confidentiality

Your work with me will remain confidential. There are some legal and ethical limits to confidentiality, which concern serious risk of harm to yourself or others, and certain legal obligations (for example child protection or serious crime). If confidentiality ever had to be compromised for these reasons, I would make every effort to discuss this with you first.

As required by UKCP, I attend regular clinical supervision, where aspects of my client work are discussed. By signing this agreement you consent to your work with me being presented verbally in supervision; to protect confidentiality, your real name will not be used.

Sessions

Sessions are weekly, last 50 minutes, and take place at the same reserved time each week. Your weekly slot is held for you and is not offered to anyone else. Sessions can take place in person or online by Zoom; when working online, please ensure you are in a private, confidential setting where you cannot be overheard. Online sessions must not be recorded by either of us.

Cancellations

Once we have agreed a session time, this is your space, whether you attend or not. If circumstances make an appointment impossible and you give me at least 48 hours' notice, I will offer to reschedule your missed session to an alternative slot that week without charging for the original session. If the session cannot be rescheduled, the fee is payable. Sessions cancelled with less than 48 hours' notice cannot be rescheduled and the fee is payable.

If I need to cancel a session due to illness, emergency or leave, no fee is payable.

Fees

The fee is £85 per session, payable weekly in advance of each session by bank transfer. I will give you my account details when we begin working together.

I review my fees annually. Any change would be discussed with you and communicated well in advance.

Holidays and breaks

I take around 8–10 weeks of holiday a year and will give you as much advance notice of these dates as possible. Please likewise let me know your own holiday plans as far ahead as you can, so that we

can arrange rescheduling where possible. If you are away but would like to keep your session, it is also possible to work by Zoom while you are on holiday, provided you have a private, confidential setting from which to join.

Your GP and emergencies

I ask for your GP's name and contact details on the form below. In the case of a serious emergency involving risk to yourself or others, you consent to my contacting your GP or another relevant practitioner. Wherever practical, I would discuss this with you first.

Ending the therapy

Psychotherapy with me is open-ended, continuing for as long as needed. At appropriate times we will review the work together and discuss whether ongoing sessions are still serving you. When the time comes, I will work with you toward a planned ending. If you decide to end, I ask that we discuss this in session rather than by message, and allow enough time for a good ending — endings are an important part of the work itself.

Complaints

If you are unhappy with any aspect of the work, I hope you would feel able to raise it with me directly. Should you wish to make a formal complaint, details of the UKCP complaints process are available at www.psychotherapy.org.uk.

Privacy and your personal data

I will treat any information you share with me as confidential. In exceptional circumstances, where there is a risk of harm to self or others, confidentiality may have to be compromised; this is a requirement of the law. In such circumstances, I shall make every effort to talk to you about this first.

Any records made by me will be kept in a secure environment and will be destroyed seven years after the completion of your psychotherapy. I will hold your personal details (name, telephone number(s) and/or email address) securely, in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018, for the sole purpose of contacting you (whether by phone, text or email), on a password-protected computer. I will similarly keep records of financial information (invoices and payments).

While I make every effort to keep emails and other electronic communication secure, please be aware that I cannot guarantee complete safety against electronic system attacks.

In the event of my incapacitation or sudden death, a professional colleague will take responsibility for destroying any remaining records in a confidential manner. I entrust the knowledge of how to access the contact details of all my clients to a professional colleague, so that in the unlikely event of my death or incapacitation you will be informed and, if appropriate, offered information about further professional help.

Your Details

Name:

Address:

Email address:

Mobile phone:

Date of birth:

Are you currently taking any medication? Yes / No If yes, please give details:

Do you have any medical condition it may be important for me to know about? If so, please give details:

Are you seeing any other therapist, counsellor, psychologist or psychiatrist? Yes / No

If yes — name and contact details:

Name and address of your General Practitioner:

GP phone number:

Are there any other conditions you wish to specify?

Acceptance

By signing this agreement, you confirm that you have read and understood it, and that you consent to psychotherapy being provided on the terms outlined, including the consents described above concerning supervision, your GP, and the handling of your personal data.

Signed (client):

Date:

Signed (therapist):

Date: