



Optimismtherapyservices@outlook.com
<https://www.optimismtherapyservices.co.uk>

Optimism Psychotherapy & Supervision Services Individual Clinical Supervision Terms & Conditions

1. I am bound by the Codes of Ethics and Practice of the British Association of Behavioural and Cognitive Psychotherapists (BABCP), EMDR ASSOCIATION UK and the Nursing and Midwifery Council. A copy of the code of practice and ethics are available on request or may be viewed on the relevant professional body web site.
2. I agree to offer you a pre-agreed period of supervision. During this period, I will act as your supervisor only for the cases you present to me, these will be documented using an agreed reference in the notes I take during and after each session, which will be kept in accordance with the Data Protection Act (1998) and GDPR legislation. These notes will be securely stored.
3. The normal duration of each individual session is 60 minutes. If you require only 30 minutes of supervision, then please discuss whether this can be accommodated by supervisor. If for any reason you are late for a session, I will see you for the duration of the remainder but will be unable to work beyond the allotted time as this will disrupt the clinic for others who may be waiting.
4. The cost for each individual supervision session with an accredited practitioner will be **£95** individual supervision with an EMDR Accredited Consultant Supervisor will be **£110**. Additional charges will apply for ACCs marking or accreditation paperwork, this will be agreed as necessary. Bank details are below:

Account Name – Optimism Psychotherapy & Supervision Services
Account Owner - HJ Hatcher
Account Number - 53418804
Account Sort Code – 20-11-43

Optimism Psychotherapy & Supervision Services invoice in advance. Please ensure that payment reaches the account 48 hours before your session, failure to do so may result in the planned supervision session being cancelled so that we may offer the appointment to another supervisee.

5. It is understood that sometimes sudden events, such as emergencies, happen, that may make it necessary to cancel appointment last minute. On these occasions it is at the providers discretion if a fee will be charged. In general, however, if you fail to give less than 24 hours' notice of your intention to cancel or postpone an agreed supervision session or if there is a repeat pattern of cancellations/DNA's I reserve the right to charge in full for that missed session.
6. You will be notified of any holidays to be taken by myself in advance. However, there may also be occasions when sessions may be cancelled because of illness or because of attending training sessions or meetings. I will try to give you as much notice as possible of



any cancellation and will offer an alternative time. Therefore, please notify any change in contact details.

7. As part of my codes of practice I am required to carry out continuing professional development, and to engage in regular on-going supervision of supervision. I may discuss your supervision in supervision and on occasion may ask to record our sessions for this purpose. You will receive an additional consent form outlining the details of this if agreed. If you wish to record the sessions yourself, you may do so with my consent.
8. Confidentiality will be maintained within the codes of ethics and legal requirements. Confidentiality does not apply where it would mean that I, might break the law or where withholding information means I would breach the codes of ethics. Confidentiality may be breached if I consider there is a risk of harm.
9. In the case of a disclosure concerning acts of terrorism, vulnerable adult or child protection issues or drug trafficking, confidentiality will be breached and such disclosures will be passed onto the relevant authority without delay. Due consideration should be exercised before disclosing anything of a previously unreported criminal nature, as I am obligated to contact relevant authorities.
10. I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become clear in the course of the/our work together. This would be fully discussed at that time and refunds provided as necessary.
11. Our supervisory relationship will always remain a professional one, the boundaries of which will be clarified during our sessions. In the event of you being unhappy with the service you receive, please discuss this with me. If you feel unable to do so or do not receive satisfactory resolution, then you have the right to complain to my professional body.
12. I will ask for feedback at the end of supervision this can be kept anonymous. Optimism Psychotherapy & Supervision Services reserve the right to use the feedback anonymously for marketing and brand advertising.

I have read and understood the above T&C.

I understand I must seek consent from Optimism Psychotherapy & Supervision Services prior to recording supervision as detailed above.

I understand that Optimism Psychotherapy & Supervision Services have a right to break confidentiality if relating to risk or legal proceedings, as set out above.

I have read and agree to the payment terms detailed above.

Full Name:

Date:

Signature: