

EAMONN MCVEIGH

NCS Professional member, PG Dip OP, DHP MCS (Acc) MIHS MBRCP

Cognitive Behavioural Therapist, HypnoPsychotherapist, Mnemodynamic Therapist. Schema Therapist,
EFT/EMDR Practitioner, Supervisor

I abide by NCS Code of Ethics

I have Professional Indemnity Insurance

I am in regular Psychotherapy supervision

This is a Therapy Contract with

Eamonn McVeigh &

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Please make payment before our first session. Enter the building, go upstairs and wait in my reception area. I will come out and greet you. At our assessment session I need to ask questions. At the end of session and if you wish to continue then we will have weekly sessions. We will renegotiate after our 4th session. If you need to cancel less than 24 hours of agreed appointment then the full fee is still payable.

Confidentiality

Psychotherapy is highly confidential and is carried out within strict professional boundaries. I will however break confidentiality when I have good grounds for believing that a person may cause serious harm to themselves or others

- Disclosure of criminal activity or knowledge of criminal activity
- Other statutory obligations
- Terrorism Act 2000:
- Drug Trafficking Act 1994:
- When necessary to uphold Child Protection Law

We agree to meet at the same venue for professional therapy every week

Procedures

We agree that the following arrangements will take place in the following situations

BEFORE THE FIRST AGREED ASSESSMENT SESSION HAS BEEN CONFIRMED A PAYMENT OF £70.00 MUST BE PAID IN ADVANCE (NON-REFUNDABLE) NO PAYMENT THEN SESSION WILL NOT BE ALLOCATED

This can be paid on my website or by Bank transfer/cash (receipt will be given)

Cancellation

If you cancel for any reason then full payment will still need to be paid.

Contact me to re-arrange as soon as possible

If you need to rearrange your appointment then the full fee will be charged. I will then do my best to allocate you another session that week.

Complaints

If you have any concerns about your Therapy, and feel that you are unable to address it accordingly with your therapist, then please contact relevant organization

Availability

I can be contacted by the personal mobile number that I will give you on our first appointment after signing agreement.

I will be available only between 9 -5 pm, Monday to Friday. I may have my phone switched off as I may be with a client. Leave a message and I will get back to you.

Contact may also be made by email.

If I am not available, an alternative arrangement will be made in advance.

Roles and Responsibilities

We have agreed that as therapist I will take responsibility for:

Time Keeping: Managing agenda: Giving feedback: Monitoring the therapeutic relationship: Creating a safe place: Ethical issues: Keeping notes:

Expectations for Client

I expect client to attend on time: agree in advance of next session: have notes prepared. If working under or for another organization, provide copies of their workplace procedures if needed. I expect clients to do homework/tasks when requested. Remember I do not take or keep notes

FEES

- All fees are to be paid at the start of session/or before next agreed appointment
- All sessions are 50 minutes in length and the fee is £70.00 Pounds
- A receipt can be given at the end of session. By email as an attachment or given on a monthly basis or when all sessions are complete.
- Cheque/cash in sterling only or by bank transfer
- All first sessions have to be paid in advance to minimize DNA or late cancellations. The first fee is £70.00.

IF YOU ARE A NEW CLIENT, THEN PAYMENT MUST BE PAID IN ADVANCE. IF PAYMENT IS NOT MADE 24 HOURS BEFOREHAND THE APPOINTMENT WILL NOT BE ALLOCATED.

As from 10/12/2010, I am unable to complete or assist in written support or testimony for clients requirement for Social Welfare benefits (DLA or ESA) or any other Agency requirements.(Housing) It is the full responsibility of the client to obtain the required information from their GP or other Agency. In completing and signing this contract the client fully understands and adheres to this understanding.

Signature

Signed (Therapist).....Date.....

Signed (Client).....Date.....

PLEASE COMPLETE THE FOLLOWING INFORMATION, PRINT OUT AND BRING THE FORM AT FIRST SESSION.

PRELIMINARY CLIENT INFORMATION

Client Name:

Address:

Post Code

Date of Birth:

Telephone No:

Employment Status

Contact details of next of kin

Telephone No:

Medical Conditions:

Medications (inc. dosage & length of time taken):

Other Agencies Involved:

Previous Counselling or Psychiatric Contact:

Outcome:

Summary of Presenting Difficulties:
