**Loving Life Guthrie-Poole Coaching**

**(Love Life Accepting Myself Always)**

**Client and Practitioner Agreement**

*Interactions* refer to any communication between, the client, and Loving Life Coaching, both in and out of sessions, including but not limited to face to face conversations, emails, texts, phone calls etc.

By signing this agreement, you understand and agree to the following:

1. If required, I will provide the correct name and full practice address and telephone number of my GP and I authorise my therapist to contact my GP if they regard it as essential for the wellbeing of myself or others. I have also provided my therapist with a list of any prescribed and non-prescribed medications that I am taking.
2. I can confirm that I am not suffering from any diagnosed psychiatric condition, psychological illness or epilepsy and are not under the supervision of a psychiatrist.
3. I will take part in all sessions free from the influence of either alcohol or drugs.
4. Loving Life Coaching does not accept any liability or responsibility for any consequences of your use of the services, beneficial or otherwise. You are solely responsible for your use of any advice and information, your own interpretation of what you see or hear, or any effects on you or others which you attribute to any interactions with Loving Life Coaching.
5. In no event shall Loving Life Coaching be liable to any person(s) for any loss or damage of any kind which may occur as a result of Loving Life Coaching services.
6. You confirm that all the information you have provided regarding your name, age, place of residence etc. are true and correct (if you choose to conceal your true identity you will tell Loving Life Coaching, who may choose whether or not to work with you). You agree to disclose and update all information regarding your health so continued safe assessments can be done.
7. I will not record the session (either by sound or visual means) without prior permission from my therapist.
8. If at any time you feel, think or believe you are in a crisis or a situation that requires emergency assistance, you will seek appropriate assistance (for example by phoning: Emergency 999).
9. At Loving Life Coaching I want to create a safe and secure space for everyone accessing my services and therefore the protection of confidentiality is very important in line with General Data Protection Regulations. When you disclose confidential information, i agree not to communicate or disclose it, make it available to others, or use it for any other purposes without your consent or as provided for in this contract. Loving Life Coaching will confidentially protect your private information by all reasonable means storing and maintain any electronic and hardcopy information in accordance with current law (5 years for notes, 7 years for accounts).
10. If you provide Guthrie Coaching with a written testimonial, review or similar, then by doing so, you consent for it to be exhibited, copy, publish, distribute, use on the website or any of the pages, social media sites or in any advertising and marketing campaigns or emails.
11. Session charges will be paid in full and in accordance with the Terms of Service. I understand cancellation charges will apply if appointments are cancelled within 48 hours of the appointment date.

Due to demand and to protect our valued clients, i have a strict cancellation process in place. Cancellation with 48 hours-notice no fee will be invoiced to the client. Cancellation with 24-hours notice 100% fee will be invoiced to the client. Jason Guthrie-Poole reserves the right to cancel courses or consultations in unavoidable situations and full refunds (pro-rata) will be made.

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| --- | --- | --- | --- |
| ***Signed:***  |  | ***Date:*** |  |
| ***Print Name:*** |  |  |  |

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Supplementary Conditions to Working Agreement -

Face to Face Provision of Service Re COVID-19

This agreement outlines how my practice is reacting to the Coronavirus outbreak in line with my primary duty to protect the safety of my clients in accordance with the ethical guidelines I follow.

Clients will continue to be supported remotely using video or telephone. However, where it is agreed between us, I am able to offer face to face support subject to the following guidance and safety procedures being followed.

The guidance contained in this agreement is an amalgamation of current government advice, and the guidelines outlined by my Insurance Company.

Fitness for Therapy

It is at the discretion of the client to satisfy themselves that they are well and fit enough to attend therapy. It is also at the client’s sole discretion to ensure that they have received immunisation vaccines to protect themselves from infection.

If you experience any of the symptoms below or have recently been placed in a high-risk exposure situation, including travelling abroad within the last 21 days, please do not attend therapy. Instead, self-isolate or call your GP or NHS 111 in accordance with the current guidelines for advice.

· Respiratory symptoms

· Fever or Cough

· Shortness of breath or Breathing difficulties

· Loss of sense of smell or taste

Please note that guidelines are constantly changing, so please refer to:

https://www.nhs.uk/conditions/coronavirus-covid-19/

https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance

Cancellation of Session

If you have to cancel a session at short notice because of a concern about the risk of transmission of COVID-19, I am willing to waiver all cancellation charges for the foreseeable future.

Arrival at Practice

I will endeavour to minimise any contact within the common parts of the building and that they have been sterilized between clients, including all equipment, door handles, door bell, taps, payment card devices, pens etc. Antibacterial wipes will be available along with sterilising gel. Please feel free to bring your own wipes/ sterilising gels in addition to those on offer.

I will ensure that there is a break of at least ½ hour between clients, and during this time will ventilate the room to ensure a circulation of airflow.

Confidentiality

Should I test positive for coronavirus, or be contacted by another client who has tested positive, I will contact to you immediately, I will not share that information outside the agreed contract.

https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works

Practice in the client’s home

Where I agree to visit a client’s home for the provision of therapy, I will only do so only at the clear agreement by both parties. I will carry out an assessment to consider the risk of transmission, all the conditions contained in this guidance will apply to therapy carried out in a client’s home.

Alternative delivery to Face to Face sessions

Should you prefer to receive support via either telephone or video calling, I am happy to provide this as an alternative method of delivery.

Insurance

Our work will continue to be covered by my professional indemnity insurance. However, claims arising from infection, injury, or loss in connection with the transmission, or potential transmission of COVID-19, by clients or third parties, will not be covered by my indemnity insurance.

Summary

I will continue to monitor and review policies in what is an evolving and changing situation. I am also conscious of the need to balance risk, and have a proportional response to provide a safe environment for all of my clients, whilst at the same time meeting current legislation, and the guidance of my insurers and ethical bodies.

I can confirm I have received both immunisation vaccinations but it must be emphasised that I am unable to offer any assurances with regard to the level of protection against infection that this will afford either myself or my clients.

