

# Dr Suzi Doyle

Counselling Psychologist and Psychotherapist

104 Oakley Street, London SW3 5AP

Telephone: 07973 751 992 • Email: [drsuzi@suzidoyle.co.uk](mailto:drsuzi@suzidoyle.co.uk)

## Client Information Sheet

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

Parent name (if child under 18 years of age): \_\_\_\_\_

Address: \_\_\_\_\_

City, County: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone numbers *with local code*

Home/Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

Who shall we contact in case of emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you have private medical insurance with authorization for therapy:

Insurance Company: \_\_\_\_\_

Membership Id: \_\_\_\_\_

Claims Email address: \_\_\_\_\_

Authorization Code: \_\_\_\_\_

I hereby consent for Suzi Doyle to provide psychological services to me. This form must be completed and returned to me or we will not be able to proceed with a session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Therapy Agreement**

### **Initial Consultation**

This is an opportunity for you to talk about your concerns and the reason for your visit. The first session usually lasts 1 hour. We will discuss working together and make mutual arrangements for ongoing therapy.

Regularity of Sessions: For therapy to be effective, it is important to have regular sessions. Each session will last 50 minutes (or longer if mutually agreed) and will be arranged on a weekly or fortnightly basis.

### **Confidentiality and Data**

All of our sessions are held in the strictest confidence and fulfil practicing requirements regulated by the UK Health Care Professions Council. I will not disclose any information to a third party, for example, your GP, without your permission. I would only waive your right to this confidentiality should I feel that you may be a danger to yourself or others or by order of a Court.

I am in supervision, as part of my commitment to good practice and in keeping with my professional duties, as outlined by the British Psychological Society and the Health and Care Professions Council. The duty of confidentiality extends to my supervisors, who are also qualified and accredited professionals.

We are registered with the Information Commissioner and comply with the regulations. The information we hold that is pertinent to you is required for the following purposes:

- for contacting you via telephone, email or by postal mail if necessary.
- for correspondence including invoices, letters to your GP or other professionals
- As a record of attendance

Clinical notes are held in a form that preserves confidentiality, ie separate from identifying details.

This information is normally held for 6 years after completion of your consultations.

You have the right to withdraw your consent for this information to be held

In complying with the data protection laws, we will:

- implement and maintain at all times all appropriate security measures in relation to the processing of personal data;
- maintain a record of all processing activities carried out under this Agreement; and
- not knowingly do anything or permit anything to be done which might lead to a breach of the data protection laws.

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There are some circumstances where our normal confidentiality would need to be broken. This includes:

If a client is clearly likely to seriously harm him/herself, I may be required to act to prevent you harming yourself.

If there is a clear risk that a client plans to seriously harm another person, I may have a duty to warn the potential victim; or disclose the risk to appropriate public authorities.

If a therapist suspects that abuse of a child or senior citizen may have taken place, the therapist is required to report the suspected abuse.

If you are involved in a court proceeding and a request is made for information concerning your evaluation, diagnosis or treatment, such information may be disclosed if I am ordered by the court to provide it. If you are involved in or contemplating litigation, you should consult with your solicitor to determine whether a court would be likely to order us to disclose information.

I may present disguised case material in seminars, classes, or scientific writings. In this situation, all identifying information and Protected Health Information is removed and client confidentiality and anonymity is maintained.

**Special note about video conferencing:** We will normally conduct video sessions using Zoom, which does not require any personal information from or about you. Before your session you will be sent a link that will securely connect you to your session. We do not record sessions and recommend that you do not either. Zoom will not leave information on your computer, tablet, or phone after the session. You will be provided with a unique link for each session you book. After the session the link will become invalid and anonymous.

**Appointments and cancellation policies:** Psychological services are by appointment only for an agreed period of time. Sessions may be arranged face to face, via telephone or videoconferencing. Please provide at least 48 hours notice for any appointments you need to cancel as the booked appointment is reserved specifically for you. With 48 hours or more notice we do not charge for cancellation or change of appointment date. With 24 to 48 hours notice of cancellation or change of appointment date you will be charged half the fee of the appointment. With less than 24 hours notice of cancellation or change of appointment date you will be charged the full fee of the appointment. You will be responsible for the cancelled session fee.

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**Insurance Claims:** I am a registered provider with most major insurance providers and if you provide your membership and authorisation details, invoices can be sent directly to your insurer.

**Messages and emergency procedures:** If you have an emergency please contact your GP as we do not provide emergency or out of hours services.

**I understand and agree to these terms.**

**I provide consent for the information on Page 1 to be held and understand that I have the right to withdraw this consent in which case the information will be erased.**

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Client or parent if child under 18 years

Date

PLEASE KEEP A COPY OF THESE TERMS & CONDITIONS FOR YOUR OWN USE

This form must be completed and returned to me for a session to proceed.

*Suzi Doyle Ltd 9404430 England and Wales  
Registered office C/O McLarens Penhurst House  
352-356 Battersea Park Road London SW11 3BY*