

LODDON COUNSELLING AND PSYCHOLOGY SERVICE

Tel: 07931229287

Registration Form

Please note: This counselling service operates from Brookside Group Practice (Brookside Surgery, Brookside Close, Earley, RG6 7HG) and not for BGP (Therefore BGP are not responsible for a messaging service) You will be given your individual counsellor's telephone number at your assessment session.

Confidentiality

As recommended by the 'Counsellors in Primary Care' Code of Practice, your counsellor has a supervisor and information may be shared with this supervisor.

Anything you wish to talk about during your counselling sessions will be regarded as confidential. In exceptional circumstances, information may be disclosed by your counsellor if there is a legal duty to do so (e.g. under the provisions of the Prevention of Terrorism Act 2005 or the Children's Act 1989) or if your own or someone else's safety is considered to be at serious risk.

Notes

A brief written record of each session will be kept, (under a code.) These notes are confidential unless there is a legal duty to disclose (see above).

Payment

The cost of each session is £45, payable at the end of each session, by cheque (or exact cash). Cheques made payable to: C Ledger

Cancellations: At least a week's notice must be given to incur no cancellation fee. A fee of £30 will be made for sessions that are cancelled with at least 48 hours working-day's notice, and £45 for an appointment cancelled within 48 hours of an appointment.

Missed appointments: A charge of £45 will be made for sessions missed with no notification.

These expenses are to cover the cost of the counsellor's time, and the room rental. A receipt is available on request.

Please complete the following details and bring with you to your appointment.

Name DOB

Address

Home telephone number Can I leave a message? Yes/No

Day time/work telephone Can I leave a message? Yes/No

Mobile number Can I leave a message? Yes/No

General Practitioner's name

GP's address.....

If you have any questions about this information, do not hesitate to discuss them with me. I have read the above information and agree to the basis on which services are provided.

Signed..... Date.....