

Section 3

Treatment Plan

| | |
|-----------------------------------|--|
| Number of recommended sessions | |
| Recommended frequency of sessions | |

Section 4

Contract

Jo Walker BSc (Hons) PGCE NPQH Dip Hyp – Hypnotherapist

Member of the National Counselling & Psychotherapy Society and National Hypnotherapy Society

Contact number – 07919921208 – Happy to be contacted via text or WhatsApp anytime, please allow a minimum of 48 hours for a reply.

Contact email - Jo@walkerstherapy.co.uk

Terms of Engagement

1. I can only work with you if I am qualified to do so and, with your permission, may refer you to someone more suitably qualified if necessary.
2. I will inform you immediately if I feel my intervention is not likely to lead to any positive change.
3. If you are diagnosed with any medical condition during our time working together, I require that you inform me immediately as we would need to cease working together should you be diagnosed with any medical conditions that I am unqualified to work with.
4. I cannot diagnose conditions nor can I make any guarantees that hypnotherapy will be successful.
5. I do not judge; I am here to support you with the positive changes you desire. You will be sharing personal information with me that potentially will make you feel vulnerable; I will always treat that information with respect.
6. The client commits to completing any tasks, referred to as "independent activities," as agreed upon during sessions.
7. The fee for the first session (or block of sessions if taking advantage of the discount) is required to be paid in advance before the initial session, and for subsequent sessions, payment must be received in advance via cash at the prior session, or BACS transfer, at least 48 hours before each session. Failure to provide payment within this time frame will result in the session being made available for booking by other clients.
8. Cancellations or rescheduling of appointments with less than one working days' notice will result in the client being liable for the session fee. For instance, if a client wishes to amend or cancel an appointment scheduled for 10:00am on Monday, notification must be given by 10:00am on the preceding Friday at the latest.

9. In the event of late arrival, the appointment will still conclude at the scheduled time. Should I be delayed for an appointment, I will endeavour to compensate for the lost time, provided it is convenient for the client.
10. Communication between sessions will be restricted to email, WhatsApp or text. Please note that responses may not be immediate, and, depending on my commitments, it may take up to 48 hours to reply.
11. Any form of antisocial behaviour will lead to an immediate termination of treatment.
12. I am a member of the National Hypnotherapy Society and am required to adhere to its Bye-Laws and [Codes of Ethics](#). The Society has an established procedure for complaints and disciplinary actions, a copy of which is available [here](#).
13. Certain risks may be associated with the work we undertake together. The treatment process may involve revisiting unpleasant memories or encountering uncomfortable emotions. It is acknowledged that making personal changes in behaviour, thought patterns, and emotional responses through may necessitate a trial-and-error approach, which could result in confusion or setbacks. You understand and accept these potential risks.
14. Confidentiality will be respected except in the most exceptional circumstances, such as legal action or situations where non-disclosure could pose a risk of harm to the client or others. Most confidentiality standards in professional contexts are rooted in the Common Law principle of confidentiality, wherein the obligation to maintain confidentiality is weighed against the concept of the 'greater good'. Sharing information with practice staff, supervisors, and any NHS medical practitioner is not considered a breach of confidentiality.
15. Sessions will be one hour in length (unless this is a smoking or vaping cessation session) and will take place in our agreed location. This could be your home or the private therapy room at Longhoughton Community and Sports Centre or online. If sessions are online, I will always ensure that my location is private from others and I will not be interrupted. In order to get the most from online sessions, please ensure you will not be disturbed, including keeping pets out of the room. Personalised Relaxation Taster Session - £30; Single Session with Treatment - £75; Smoking or Vaping Cessation is one 2-hour session - £150. Blocks of 3 or more sessions booked and paid for in advance will receive a 10% discount. Concessions – An additional 5% reduction on the total price of treatment for the following: Students, Military personnel and their immediate family, NHS, Social Care, Education. Relevant ID will be required.
16. Payment needs to be made on the day of each session. Any cancellations within 24 hours of an appointment will incur a full fee.
17. My membership with the National Hypnotherapy Society obliges me to engage in ongoing professional development and learning, which may involve sharing case histories during supervision or peer-support groups. All shared information will be anonymised, ensuring no breach of professional confidentiality.
18. Session notes will be maintained and can be made available to the client upon reasonable request.
19. Clients will be queried on their preference to receive occasional communications that may be of interest to them, which might include newsletters, links to published articles, or follow-up questionnaires and offers. Please sign this section of the 'Contract' if you wish to opt into receiving this material.
20. Feedback is essential to my practice and is something I welcome. Please let me know when something is both working and not working for you. I appreciate honesty and transparency so do not hesitate to discuss any part of my practice with me if you feel something could be improved.

Privacy Policy

1. I am committed to maintaining comprehensive records pertaining to your health and the treatment intervention provided for a duration of eight years following the conclusion of our

professional engagement. This includes the retention of your last known contact details, which are essential for addressing any matters related to your treatment throughout this period. After the specified timeframe, these records will be securely destroyed.

2. In accordance with the General Data Protection Regulations (GDPR) which came into effect on 25th May 2018, I have conducted a thorough review of my practice, privacy policy, and terms of engagement to ensure full compliance. Updates to policies and terms will be made as required, with the most current versions published on my website. I welcome any feedback you may wish to provide.
3. I adhere to the Code of Practice established by the [National Hypnotherapy Society](#) Code of Practice. Data protection is a significant concern and is also governed by the Human Rights Act 1988 and may be influenced by the Equalities Act 2010.
4. Given the complexity of data protection law, I take my obligations in this area with utmost seriousness. All employees and contractors privy to any data are fully informed of their legal duties to uphold strict confidentiality and are aware of the detailed requirements of the professional codes to which I adhere.
5. Your records are initially maintained on iCloud, both of which are secured through password protection, accessible solely by myself. Any documentation sent by email is password protected, passwords being sent separately via other electronic means e.g. SMS. Upon the completion of your treatment, all records are transferred to secure iCloud storage, again only accessible to me. My computer systems, network, and email security configurations are established at an enterprise level, including advanced password protection, antivirus, and antimalware measures, all reliant on Apple's commitment to preserving the integrity and security of their iCloud enterprise servers. At no point is data stored electronically outside of iCloud following the completion of your treatment. My client database consists solely of your contact information and financial-related matters, which is accessed only by myself.
6. I record your name and contact details within my secure iCloud calendar.
7. I document your date of birth, presenting issues, session dates, and related details along with any assessment documentation and my personal notes from each session. Such records are instrumental in tracking progress and evaluating the efficacy of the therapeutic interventions employed during your treatment.
8. My hypnotherapy practice is designed as a brief intervention, concluding naturally once your issues are resolved or if we agree that further progress is unfeasible. Your contact information will not be disclosed outside of the practice of Walker's Therapy unless compelled by statutory obligations, public interest, or other legal processes. You retain the right to alter or revoke any permissions granted by notifying me in writing or via email at any time. I will consistently seek your explicit and informed consent for any future use of your data and will maintain a detailed record of such consents within a database that tracks permissions as documented in both your and my copies of the Terms of Engagement. Consent examples may include permission to send a newsletter, share pertinent articles, or follow up on your progress after a set period—feedback which I value greatly as it aids in the continuous improvement of my practice.
9. I recognise the importance of privacy and security concerning your personal information. All individual records will be made available to you upon reasonable request, with five business days regarded as an appropriate notice period unless urgent circumstances necessitate earlier access. Prior to releasing your records, I will verify your identity through documentation such as a passport or driving licence. Should you identify any inaccuracies in the information held, please inform me so that I can make the necessary corrections.

I hereby confirm that I have read, understood and agreed to the above treatment plan and contract.

| | | |
|---------------|--|---|
| Signed | | Opt into receiving occasional correspondence outside of our agreed treatment plan Yes or No |
| Date | | |