Samantha Dobbs – Jones Art Therapist BAAT and HCPC registered. DBS cleared.



07985 246979

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Therapy Agreement

Between Samantha Dobbs-Jones **Therapist** And**parent/guardian.** On behalf of**Child**. Date of birth:

Other Professional agencies involved.....

- Date of Introductory session:
- Therapy will take place for 50 minutes, weekly, excluding school holidays unless required.
- Therapy start date:
- Review date:
- Therapy venue
- Cost of each session = £

To be invoiced weekly/monthly and paid by cash/bank transfer. Cost includes travel, materials and clinical supervision. Please note missed sessions will be charged for, if not cancelled at least 24 hours before the arranged session date.

- The Therapist or Client will be required to give one months' notice before terminating this contract. Failure to do this will result in payment being required for sessions within the contract agreement.
- The Therapist will take clinical notes of each session and is responsible for their storage.
- The Therapist will be responsible for working within their own professional bodies codes of ethics and principals of profession practice and will liaise with other agencies involved as consent is given.
- Therapist is not liable for loss or damage of any kind resulting from use of their services or the use of premises.
- Privacy Policy: Details obtained during assessment or therapy sessions will not be disclosed to a third party without parents' permission except in exceptional circumstances, for example: child protection.

Signed	Art therapist	Date
Signed	.Parent/guardian	Date