

Counselling with Lucy

Client Consent Form

All clients must complete this form. The information will then be stored securely by Lucy in line with GDPR.

Cancellation Policy

Sessions are still payable when cancelled with less than **24 hours' notice**. All efforts will be made to reschedule the cancelled session but where this cannot be accommodated, the session is still payable. Sessions missed in part or full without any prior notice are charged at full rate regardless of rescheduling.

YOUR CONTACT DETAILS			
Full name:		Contact phone no:	
Email address:			
Preferred method to contact you by:	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone	<input type="checkbox"/> Text
YOUR PERSONAL DETAILS			
DOB:		Gender:	
Occupation:			
Address:	Post Code:		
YOUR MEDICAL DETAILS			
Current medication(s):			
Current GP name:			

GP's address:	<p>.....</p> <p>.....</p> <p>Tel:</p>
---------------	---

EMERGENCY CONTACT NUMBER:

.....

Informed Consent

I, the above named, hereby give my therapist permission for disclosure of information **only** in the following circumstances:

1 – *Medical emergencies*

2 – *In line with confidentiality as a duty of care, as outlined by [BACP](#) regulations*

Fee rate is **£70 per session** and payable before the session.

Client signature		Therapist signature	
Client print name		Therapist print name	
Date		Date	

*By signing this form, you give your permission for your GP to be contacted in emergency situations

Bank Details:

Lucy Bello

Sort Code: 04-00-04

Account No: 60701065

Iban: GB72 MONZ 0400 0460 7010 65