

## TERMS AND CONDITIONS OF BUSINESS 2019

We aim to offer our clients, quality psychological assessments and therapy, with a personal and warm service, at a fair cost. We hope this statement about our professional services is helpful to you. If you have any questions, please do not hesitate to get in touch with us.

### Our Commitment To Our Clients

#### We will:

- **Deal with any queries promptly.** We always aim to return telephone calls and emails as soon as possible. We aim to offer appointment times within two weeks with regular meetings available after that.
- **Consider the interests of the person receiving therapy as paramount and keep their information confidential.** (Please see our confidentiality policy for more information).
- **Provide a comprehensive assessment and suggest a course of action** based on that assessment.
- **Be clear about the number of meetings** likely to be necessary to help you to budget.
- **Advise you of alternative relevant services** such as the NHS if they might be available to you.
- **If you have referred or are paying for someone else to attend our service** and you want to receive information about that person, please make your expectations clear before the initial meeting, in writing, to Dr. Steve Holmes. The clinician involved will then discuss and reach a formal agreement with the individual concerning what information they are willing for us to discuss and with whom.

#### We do not:

Regretfully, we are unable to offer an 'emergency service'. This means that if you require urgent help, you will need to contact your G.P. or the emergency services on tel No. 999 for emergencies or 111 for urgent assistance.

#### Who we are:

All of the associates within The Salisbury Practice are qualified and experienced clinicians. Each member of the practice is trained in evidence based psychological interventions. Further details about individual therapists is available to you. If you would like to know more, for example, their qualifications, experience, etc, please do ask when you attend for your appointment or by contacting us.

Please note that the above hourly rate applies to therapy sessions or assessments as well as report writing. Autism assessments differ. Standard letters are usually free of charge as are telephone discussions up to 15 minutes.

### FEES FOR ADULTS

Clinical Psychologist	£ 100
Cognitive Behavioural Psychotherapist	£ 90
Consultant Psychiatrist Initial Assessment	£450 (allow up to 2 hours) includes written report
Follow Up Psychiatric Appointments	£200 / hour - £125 / ½ hour
ADD/ADHD Assessment with Consultant Psychiatrist	£450 (allow up to 2 hours) includes written report
Prescription Charge without Appointment	£50

### FEES FOR ADOLESCENTS / CHILDREN

Clinical Psychologist / CBT Therapist	£120
Family Therapist	£130
Counsellor	£50
Consultant Psychiatrist Initial Assessment	£450 (allow up to 2 hours) includes written report
Follow Up Psychiatric Appointments	£240 / hour - £125 / ½ hour
ADD/ADHD Assessment with Consultant Psychiatrist	£500 (allow up to 2 hours)
Prescription Charge without Appointment	£50

### AUTISM SERVICES AT THE SALISBURY PRACTICE

Comprehensive Assessment & Report	£1800 + initial appointment at £120
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We ask for a **£200 non-refundable deposit** to secure the assessment dates offered to you. Following that we ask for **a further £800 paid in advance of the appointment** with remainder payable before release of report. We are unable to release the report until payment is received. **Your report will be available within 20 working days.**

A 'Comprehensive Assessment & Report' is charged at **£1800**. This is in addition to the **£120** for the initial appointment which is a necessary part of the process. The Total cost is, therefore, **£1920**.

**Cancelled appointments:**

If you need to cancel an appointment, or are running late please contact our office on 01722 324343 or your therapist directly if available. We will always let you know that we have received your message regarding cancellation. We reserve the right to charge the full session fee if your appointment is cancelled at any time with less than 24hours notice.

**Payment methods:**

Pay via BACS in advance: Please reference your payment with your name and date of your session - e.g. Smith 130110

**FOR SALISBURY** - Account No: **62152754**, Sort Code: 40-40-14

**FOR STOCKBRIDGE** - Account No **02267977**, Sort Code 40-40-14

Or following your session: **FOR SALISBURY** Please pay by cash, card or cheque payable to The Salisbury Practice Ltd

**FOR STOCKBRIDGE** Please pay by cash, card or cheque payable to The Salisbury Practice Stockbridge Ltd

Please pay our fees within fourteen days of the date of invoice.

**If you are using health insurance:**

If you are expecting an insurance or health care company to pay for your sessions, please make sure that they have agreed to pay for you to attend and how many sessions they are prepared to fund. Since this information is private to you, our therapists will not know your arrangement with your health care provider and so therefore, if they stop funding, you will be responsible for paying for your on-going treatment and any outstanding invoices.

**Our hours of business:**

Information about availability of your therapist will be made available to you separately. However, appointments are offered throughout the day from 8.00am until 9.00pm, Monday to Saturday. Our Reception is covered every week day to 2pm.

**Our insurance cover:**

All associates within the practice hold their own individual professional indemnity and personal liability insurance. The Salisbury Practice, the business, also holds professional indemnity and personal liability insurance. If you require further details regards this please do ask.

**Data Protection Act:**

The data protection act requires us to advise you that we write down and keep information you give us about you for the sole purpose of carrying out our work with you and improving our services. Both our admin team and your Practitioner will store information about you. We look after information with great care and in accordance with the law and professional guidelines. We are required to ask you to consent to us storing this information. Before beginning work with any practitioner please sign here to give your consent to us 1) keeping information about you and contacting you from time to time for routine business reasons (e.g. making appointments) 2) contacting you after your appointments to obtain routine feedback to help us improve our service. You can read our 'Privacy Notice', and other relevant Policies on our website. You are entitled to ask to see all of the information we have about you. Please see our Subject Access Request Policy

**Email:**

Please remember that email is an insecure method of communication. We will always password protect any emails containing sensitive information (aside from routine appointments).

**Client care:**

Our aim is to offer you an efficient and effective service at all times. We hope that you will be pleased with your interactions with us. However if you do have some concerns, please raise it in the first instance with the therapist you have been seeing if possible. If your therapist has not been able to resolve your queries or concerns, then please contact our practice manager Moira Presslee or Director, Steve Holmes who can provide a copy of our complaints procedure.

**I confirm that I have read and understood and that I accept these terms and conditions of business.**

Signed..... Print Name ..... Date.....

**In addition**

- I give my consent (you can withdraw this at any time) for the Admin Team and for my Practitioner at The Salisbury Practice or The Salisbury Practice Stockbridge to hold information about me for the purposes of carrying out their work on my behalf.
- I give my consent for The Salisbury Practice to contact me at the end of my appointments to gain feedback.
- I give my consent for The Salisbury Practice to contact me about relevant service developments, specific to my situation.

Signed..... Print Name ..... Date.....

**Consent to treatment:**

**My practitioner has explained the suggested treatment to me and I consent to starting that treatment. I know I can stop treatment at any time.**

Signed..... Print Name ..... Date.....