**Dr. Helen Coote**

**Chartered Clinical Psychologist**

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|  | APPOINTMENTS: 07754 083010  EMAIL: [helen@drhelencoote.com](mailto:helen@drhelencoote.com) |

Consulting Rooms: LEAF Health, 1st Floor, 47a Bancroft, Hitchin SG5 1LA

**Registration and Information Form**

Title ………….….. Surname ………………………………………..

Forename(s) ………………………..……………………………………………………………

Date of birth ………………………… Date of first appointment ………………………

Home address ….…………………….………………………………………………………….

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…………………………………………………… Postcode ………………………………...

Home telephone ……………………………….. Mobile ………..…...……………………

Preferred email address *(****Please print clearly.****)* .....…………………...…………………...……..

Referred by (*Please circle.*) GP / Psychiatrist / Solicitor / Insurer / Internet

Other (*Please state.*) .....…………………...…………………...………………………………….

General Practitioner’s name ……………………...……………………………………………..

General Practitioner’s address …………………………………………………………………...

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…………………………………………………… Postcode ………………………………...

Insurance Company ……………………………….……………………………………………

Insurance Company Membership number ……………………………………………………… Pre-Authorisation number …….…………………………………………………………..…......

Emergency contact person …………………………………….. Telephone ……………………...………

**Please note the information below:**

Payments for non-insured consultations are made at the end of each session and can be made by bank transfer, cash or cheque. Please ask if you would like a receipt or invoice for your payment.

**Health Insurance**

I am a registered provider for a number of health insurance companies. If you are being reimbursed by a health insurance company, you should always seek advice from the insurance company before starting assessment and treatment. The company will often give you a Pre-Authorisation Number.

**Assessment session** £90

*(Please note that each assessment session includes 50 minutes of direct clinical contact and 10 minutes of administration. If you are late to a session, we will still finish the session at the planned time).*

**Treatment session** £90

*(Please note that a session includes 50 minutes of direct clinical contact and 10 minutes of administration. If you are late to a session, we will still finish the session at the planned time).*

**Longer sessions** charged pro rata

**Letters /Reports** Fees depend on context and circumstance

All cancellations should be made **at least 48 hours** before the appointment.

**Please also note the Terms and Conditions of Payment and Cancellation Policy.**

**TERMS AND CONDITIONS OF PAYMENT**

If payment is not received on the day of a session, further sessions may be suspended until payment is made. If you are claiming treatment costs, the insurance company must give approval **before the start of treatment** and the company will provide you with an approval or authorisation number. I am unable to accept payment via an insurance company without an approval or authorisation number. In most cases, the insurance company will also require a referral letter from a relevant referee such as a General Practitioner or specialist. If the health insurance company does not settle the account within 30 days of treatment, it is the patient’s responsibility to settle the account until the insurers make payment. When payment is received from the insurers, the patient will be refunded the amount paid by the insurance company directly, either by cheque or direct bank transfer.

**CANCELLATION OF APPOINTMENT**

Patients are advised to give at least 48 hours’ notice if they are unable to attend an appointment. In the event an appointment is cancelled with less than 48 hours’ notice, the patient is advised that they are liable to pay the full cost of the appointment. Individual circumstances will be taken into consideration.

I will take holidays during the year and will let you know the dates in advance. Occasionally, due to illness or other unforeseen events, I may have to cancel a session at short notice.

**PRIVACY POLICY CONTRACT**

I understand that any information collect by Dr Helen Coote is confidential and that if she has safeguarding concerns regarding myself, my children or other people I am in contact with she may need to share this information with other agencies. Dr Coote will aim to discuss these concerns with me first where possible. I agree to sharing GP details, my DoB and address with her to this effect.

I understand that Dr Coote may make notes about our sessions in writing for both my session and her supervision purposes. Any information that is recorded/written will be kept in a lockable filing cabinet in her office. She is registered with the ICO for safe keeping of this information. She understands GDPR and ISO 27001 practices and abides by these for data stored on digital devices. Data collected about me will be kept for 7 years in line with her insurance company and governing body policies, other than in the event of her death. In the event of Dr Coote being incapacitated, my contact details will be passed on to Natalie Garnett, Counsellor and Psychotherapist; she will contact me and ensure my clinical notes are safely destroyed.

I understand that Dr Coote will not discuss or engage with me on social media or at any public engagements she is involved with as this is not part of our therapy agreement.

I am aware that text messages and emails are only to be a form of communication about appointment times/changes and Dr Coote will not discuss other content via email or text.

We agree that phones may be present in the therapy session only if they are turned to silent or off and unless it is an emergency neither of us will answer it. I agree that I am able to contract to discuss with Dr Coote text-based messages and emails on my phone if it is relevant to my therapy and that in so doing I am aware of the content on my phone and email being legal and within safeguarding remits.

Clients may not record the session. If Dr Coote would like to record a session for her continuing professional development, she will get my written permission to do this before recording and the data will be stored according to GDPR recommendations.

Please sign and print your name to confirm acknowledgement and agreement with the above:

Name ………………..…………. Signed …………….…………. Date …………….………

***A copy of this form will be kept in your confidential file.***