

January 2023

## Client information and consent for Integrative Healing & Therapy



Dear unique being,

I am pleased to meet you and have the opportunity to work with you. I want to congratulate you on making the time to care for yourself and for taking this important step in your life towards a life you long for (even if it might not be clear what that is- yet!). Here is some basic information about the work I do, and what to expect in our work together.

In a healing or therapy session, we may explore areas that influence your state of wellbeing, such as your health history, life stressors, belief systems and attitudes, your family and childhood history, relationships, diet, exercise, dreams and longings. Everything you share is confidential. I do discuss clients (without using full names) with my professional supervisor or peers for the purpose of ongoing education. Please let me know if you have any concerns about this.

Hands-on/off healing techniques balance, clear, and charge your energy system. At times I may touch your body, and at other times I may work with the energy fields away from your body. I may use sound or intentional breathing too. There may be other times when exploring your beliefs and attitudes will most effectively move blocks in your energy consciousness system. I offer to serve as a facilitator in your self- initiated process of healing and transformation. I am here as a committed listener, your mirror, your ally and sometimes a teacher in the process.

My training in integrative energy and therapy work includes four years of study at the Barbara Brennan School of Healing (USA - 2013-17), and two years of Body Mind Therapy and Group Facilitation training at the Brennan Institute in Oxford, England (2017-19) for the Advanced Studies Diploma. I have trained in Group and Individual process facilitation with the InterConnectMe team, in Theta Healing with Dee Lygnos and Practical Myofascial Release therapy with Amanda Oswald. I completed a two-year diploma in NeuroSomatic Psychotherapy at the Naos Institute in London in 2022 and I continue to grow from workshops and training in various therapeutic modalities and of course via my wonderful clients who are always my teachers. I am IFS and

Healing with Sandra - Practice Polices

trauma informed.

As a healer and therapist, I do not medically diagnose or prescribe treatment. If you have a physical injury or disease, or have been prescribed medication by your GP, I ask that you also be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving.

My work is intended to be in harmony with any other healing work that you undertake and you are free to discuss our work with any other therapist or physician on your care team.

Self-care is an extremely important part of the healing process. Your healing is your responsibility. If at any time during the session you are uncomfortable, it is your responsibility to inform me immediately. I encourage a transparent relationship where we can openly discuss what works and what may not be working for you.

This is an agreement between us for the therapeutic work. It is presumed that you have accepted these terms if you choose to proceed with our therapeutic work together and as attested by your signature below.

The following agreement will inform our working relationship and the rights and responsibilities of both parties during and after the period of therapy.

With warm regards,

**Sandra Vasiljević Berset**

I, \_\_\_\_\_, have read the above information and freely elect to work with Sandra in the above-described manner. I freely give my consent with my signature below. With your signature, you agree that I may work with you in the manner described above. Please feel free to ask any questions you might have.

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PLEASE SIGN BELOW

Date:\_\_\_\_\_ Signature

## Therapeutic Agreement

### **First contact**

My initial "clarity session" (so that we can see if we are a good fit for each other and for me to assess whether I can help you) lasts 30'. During this assessment session, we will explore your concerns and the issues that you would like help with.

The assessment session allows you and I a chance to see if we connect and you are by no means obliged to embark on further work with me. It is however, my intention for this session to provide greater self-knowledge and a sense of empowerment so that you are one step ahead on your path – whether we decide to work together or not.

### **Moving into therapy**

Your agreed time slot will be held within 48 hours. Please make sure this contract is returned to me signed and a first payment for your session is made. Without this, I can no longer hold your slot and your appointment time will be given to someone else on my waiting list.

### **Safe Environment**

Therapy can only take place in a safe environment. Violence to people or property, verbal abuse and sexual or inappropriate behavior will not be tolerated and will result to immediate termination of therapy.

There should be no alcohol or drugs consumption at least 12 hours before the therapy session.

### **Client commitment**

I do not hold the magic cure to your healing. Research shows that your commitment is the best indicator of your successful outcome. You share responsibility of your progress and as such the value you impart to our work and showing up for yourself is key. I may recommend homework or reading to assist you in reaching your goals.

### **Disclaimer**

I am not a doctor, I do not diagnose nor prescribe medicine. Integrative healing and Body mind therapy is complementary to and supportive of any kind of health care regime and does not replace any current or ongoing medical treatments or therapies. Should improvement in your condition occur following our sessions, I do not advise you to suspend or change your medical

treatments or prescriptions without first consulting your healthcare professional.

### **Healing team**

There may be times when I might feel that you might benefit from receiving support from a therapist with a different specialty or a complimentary one to the work we do together such as an Osteopath, Homeopath or Psychiatrist. I may recommend a practitioner of a different specialty but it is your responsibility to carry it forward and the final choice is ultimately yours. Should you wish for your other therapist and I to share information or observations (so that we may work as a team) you will need to wave your confidentiality agreement in writing for us to discuss you.

## **Time**

Once you have agreed to therapy I will reserve a regular time slot for you, accommodating your time

preferences as best I can. This is time for you. My sessions are 50 minutes long, with the exception of the initial session, which might be up to 90 minutes long and they are via zoom/phone or in person.

## **Cancellations**

All cancellations must be made 48 hours in advance or will be fully billed. It is my intention for our work to benefit both of us and so whenever possible, I try to reschedule postponed sessions within the same week or the following week in case of travel or illness. If you do not contact me within the first 15 minutes of the session, it will be forfeited as starting 15 minutes late will not leave us enough time.

## **Missed sessions**

will still be invoiced as this time has been reserved for you. Sessions are not exchangeable nor redeemable by a third party nor are they refundable.

I will not see you if you are under the influence of alcohol or mind-altering drugs and you will be charged for the session.

## **Therapist absences**

I will give you as much notice as possible of holidays and other absences and illness and you will not be charged for my absences.

## **Remote work**

Unless you have booked directly using Calendly on my website, in which case you will have an individual appointment link per session, my Zoom link is: <https://us04web.zoom.us/j/4551867707> - Meeting ID:

455 186 7707. Please make sure you are correctly identified on your zoom account or I will not be able to let you in for confidentiality reasons.

## **Confidentiality**

Your therapy and your personal information are kept securely. I will be in supervision as part of my commitment to good practice but the duty of confidentiality extends to my

supervisor(s).

Confidentiality will only be broken if I have concerns regarding risk of harm to yourself, others or property and if I am required by Law: if I am subpoenaed by the Court or in cases of child safeguarding, money laundering and terrorism. There may be times when your information needs to be shared with third parties e.g. a doctor. I will explicitly ask for your consent before doing so, and the data will be sent to them securely.

The only occasion I will override your consent is when I have serious concerns about your mental health and safety.

### **Data Protection**

Information I collect about you and how I use it. Upon starting therapy, basic personal information will be collected for contact and identification reasons. During our therapy meetings, an assessment of your psychological health will be undertaken, this may take a few sessions.

Clinical notes/aide memoire will be taken during sessions, these may include some personal and sensitive details about your life.

The assessment and any notes are used solely to support the therapy offered to you

### **Your rights**

You have rights relating to the information I hold to verify its accuracy. Any notes will be factual and brief. You have the right to request a copy of any information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

I want to make sure that your information is accurate and up to date. Please inform me if you change your address, G.P. or phone number.

### **How long I keep your information for / data retention**

Your information is kept for the time necessary to provide therapy, however outside of this I will hold your details and any brief notes for a period of time following the end of your therapy to comply with any obligations that are placed upon me by my insurers and my accrediting body.

### **Sharing of data**

There may be times when your information needs to be shared with third parties e.g. a doctor. I will explicitly ask for your consent before doing so, and the data will be sent to them securely. As stated above your consent about sharing information with third parties may be overridden when there is a mental health risk.

### **Security of your data**

Information will be kept securely and confidentially in line with the data retention policy as stated above. Any paper notes are kept in a secure, locked filing cabinet and stored within a secure building. All digital information is stored on a domestic computer, which is password protected and stored within a secure building. Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional.



### **Modes of contact**

Sessions are either face to face, via zoom or phone as agreed between the two of us. Texts, email and contact via media is only for booking arrangements.

Please state if you do not wish to be contacted by email, phone or texts. You need to agree to at least one mode of contact for communication. Any sessions using electronic or telephonic means abide by the same Code of Ethics and Practice as face to face. They also abide to the same terms of the therapy agreement as in face to face work. Clients must ensure that they are in a safe and confidential space, where there are no interruptions. I will host and be responsible for the zoom invitations. Please make sure you check the connectivity and camera/ audio of your equipment before the session.

Session will not be recorded; however, you are free to take notes if you so wish. This information may be updated periodically when new data is released.

### **Session Duration**

Sessions are of 50 minutes duration unless longer is agreed.

Sessions start and end on time. In case you are late the session will still end at the designated time.

### **Reviews**

We will review sessions regularly, approximately every six-eight sessions. You are not tied into any long- term commitment and you can end sessions at any time, however it is important to tie up knots and depending on how long we have been working together to plan for a couple of ending sessions. If I consider your needs are beyond the limits of my competence, I reserve the right to terminate our contract, this will be discussed in the session and onward recommendations may possibly be provided.

### **Ending our working relationship**

There may be times when therapy seems difficult and you wish to put a stop to it. This is ok, and I honour this part of you. I believe that it is beneficial to work through these challenges as they may contain "golden nuggets" that can actually take you forward and deeper into your healing. I have found (both from personal experiences and that of others) that it is often when we want to give-up and run away that the magic and growth spurt is about to happen. However, if either I or you feel it is best for us to end the therapy then a mutual discussion should take place with an ending session or two so that we can find the best way to close it and perhaps find other support for you onwards should it be necessary.

## **Emergency**

I do not offer emergency support as I cannot guarantee my availability to you. If you are in danger in any way or fear harming yourself or another, please contact a loved one or the local emergency services. I will however reply to email/text communication between sessions within reason.

## **Session Payment**

I operate a sliding scale starting from £ 120 for individuals depending on the type of therapy. We have agreed that your payment is £ \_\_\_\_\_

Payment must be made prior or at the time of the session by bank transfer. Please ask if you would like monthly receipts.

## **Payment information**

Payments should be made prior to the session each week unless otherwise agreed.

### **Bank transfer from the UK in GBP:**

Sandra Berset/ Healing with Sandra - NatWest Bank Chelsea Account # 18268595 Sort Code 600514

**Bank transfer** from the **EU**, paying in Euros, please use my Euro (€) account instead:

Raiffeisen Bank

264 A Route de Veyrier

1255 Veyrier, Switzerland

IBAN: CH31 8080 8008 2524 6301 7 BIC/ SWIFT : RAIFCH22187

Sandra Vasiljevic Berset

Thank you.

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Please complete the Personal Information below:

Name:

Home Address:

Mobile Phone Number:

Preferred contact (whats app, viber, text, email, etc.)

Name and address of Doctor:

Current Medication, or Medication in last 6 months:

Emergency Contact Details:

**GP**

I consent to any relevant information being forwarded to my GP should my therapist deem it necessary GP Name:

GP Address:

GP Tel no.:

Sandra Vasiljevic'  
Berset

I fully understand and agree to abide to the above agreement

Client's name:

Therapist's name:

Client's Signature:

Therapist's signature 

Date:

Date: January 5th 2023

Healing with Sandra  
e-mail: [healingwithsandra@gmail.com](mailto:healingwithsandra@gmail.com)  
[www.healingwithsandra.com](http://www.healingwithsandra.com)  
[Tel:+44.7722126160](tel:+44.7722126160)

