



Light House

Lou Hillier (BSc, MSc, C.Psychol)
Chartered Counselling Psychologist

Psychological Therapy Information

Between: **Client Name:**
 Client Email:

And: **Lou Hillier, Chartered Counselling Psychologist** (psychlick@msn.com | info@louhillier.co.uk)

CONFIDENTIALITY – Electronic notes and recorded* sessions of information shared during therapy are stored in compliance with GDPR and kept strictly confidential, except if you indicate you/another are in danger of physical harm, or if you disclose knowledge of criminal, terrorist or child/vulnerable adult abuse activity. In such circumstances, your consent will be sought but there is a legal obligation to disclose this information to appropriate third parties, even if you have not consented. See [Confidentiality & Data Protection](#) information on page 2 of this document for full details.

BRITISH PSYCHOLOGICAL SOCIETY and HEALTH CARE PROFESSIONS COUNCIL – I am accredited by the British Psychological Society (BPS 99926) and the Health Care Professions Council (HCPC PYL24700) and follow their codes of professional and ethical conduct. To safeguard your interests, both organisations have complaints procedures that can be accessed via my website: <https://louhillier.co.uk>

TYPE OF THERAPY – I provide integrative psychological therapy and draw on a range of theories and psychotherapeutic orientations that I have been trained in. We will agree together which to use to best meet your needs and goals and keep this under review throughout therapy so we can make changes where we agree this may be beneficial.

SUPERVISION – All psychologists are required to have supervision where they discuss, with a senior psychologist, clinical information relating to their clients. This is non-negotiable and entering into therapy means you consent to this. The purpose of supervision is to ensure your interests and safety are kept paramount and that good standards of practice are maintained. Supervisors are bound by the same confidentiality rules (see second page of this document) and your personally identifiable details (e.g. name, sex, age) are disguised/withheld to preserve your anonymity and maintain confidentiality.

PREPARING FOR YOUR SESSIONS – It is highly recommended you keep a notebook/diary for your therapy journey to record your progress, important thoughts/ideas and as a memory-aid and bring the notebook/diary with you to our sessions. Wear clothes that are not too tight/restrictive of movement that you feel relaxed in.

PAYMENT & FEE – The fee agreed is £XXX for one 45-minute session of therapy, *to be paid the day before each session* by online bank transfer (Lloyds | LP Hillier | Sort 3XXXX2 | Acc 3XXXXXX8)*. If you have Private Health Insurance* please provide the authorisation code & membership code and insert here: ... *A session may not proceed until payment has been received or Health Insurance codes have been validated.

APPOINTMENT CHANGES & CANCELLATIONS – Requesting changes to scheduled appointments is strongly discouraged and if you cancel or request to change the time/day giving less than 2 working days-notice the fee is still charged and not refundable. If you do need to cancel/rearrange, please give as much notice as possible and I will make every effort to reschedule to another time/day in the same 7-day period but cannot guarantee I will be able to do so. Appointments are available between 08:00-21:00 on Mondays, Tuesdays and Wednesdays only.

TERMINATION – We will review your progress and when to end therapy is discussed so that the ending is planned and part of the therapy process. If you want to end therapy because you do not feel satisfied with the care you have received, please discuss this with me if you feel able to, so that I can either remedy the situation so you can continue in therapy or ensure you have as good an ending to therapy as possible. I may have to terminate therapy for reasons outside my control, and although this is unlikely, in such an event, every effort will be made to discuss this with you in advance and recommend an alternative psychologist. In the event I am incapacitated, you will be contacted by a nominated representative who will only have your first name and email address.

***Session will not be recorded without your consent.**



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Confidentiality & Data Protection Information

A. CONFIDENTIALITY & DATA PROTECTION

1. I operate a fully electronic and paper-free service for all client information and correspondence. Sessions may be recorded* and these recordings and all other personal information are stored/used in strict accordance with GDPR (<https://www.gov.uk/data-protection>).
2. You can request that your personally identifiable details be deleted from my records and written session notes be anonymised but I will need to keep your notes in anonymised form for a period of 7 years, after which they will be permanently deleted.
3. Emails to psyclick@msn.com and info@louhillier.co.uk, electronic notes/recordings of therapy sessions are saved to your personal file, which is save to an encrypted and password protected external drive and stored securely offline.
4. Your personal information will not be disclosed to any third party, unless you have either given consent or there is a need to share information under the circumstances detailed in B, C and D below.

B. EXCEPTIONS TO CONFIDENTIALITY

1. If a third party is funding your treatment, a copy of this document may be shared with them and they will be informed of booked appointments, any missed appointments and when treatment has been completed. This minimum information for funders cannot be negotiated but clinical information and any information shared during sessions can only be shared with your express consent, or if that information falls under C1-5 below.
2. You can request information be sent electronically to third parties, a fee will be charged for this service.

C. LIMITS TO CONFIDENTIALITY – Your consent will always be sought but I am legally obliged to release information to third parties with or without your consent in the following circumstances:

1. You provide information that indicates you may be in danger of being harmed by yourself or by another, or that others may be in danger of being harmed by yourself or by another.
2. You provide credible information that indicates a child (or vulnerable adult) is either being abused/harmed or is in realistic danger of being abused/harmed in some way.
3. You provide credible information that indicates terrorism and/or other serious criminal offence(s) are being committed or being planned.
4. You provide credible information that indicates an accredited mental health professional has behaved outside the standards of professional conduct and ethics, either towards yourself or another.
5. A request for interview from the police/legal personnel and/or subpoena for submission of clinical records is received by the Crown Prosecution Service or other legal body.

D. EMERGENCY CONTACT PERSON – Please provide an emergency contact person with their name, email address and mobile telephone number in the space below, this can be a friend, relative or your GP. Should there be significant concerns for your safety during a therapy session, this person and/or local emergency services may be contacted, with or without your consent.

By returning this document via email to info@louhillier.co.uk or psyclick@msn.com I confirm this as my electronic signature and that I understand and agree to the information contained in this document.

Signed:

Signed: Lou Hillier psyclick@msn.com | info@louhillier.co.uk

Your Emergency Contact Person Details:

Name: ...

Email: ...

Mobile No: ...



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My Personal Details at Start of Therapy

1. Full name:
2. Email address:
3. Mobile telephone:
4. Home address & postcode and anticipated location during Zoom sessions, if different from home address.
5. Date of birth:
6. Registered GP Surgery & postcode:
7. Are you taking any prescribed medication (e.g. antidepressants or pain killers): If yes, please indicate name and dose.
8. If you use non-prescribed drugs and/or alcohol, in what approximate quantities per week:
9. Do you have any physical health problems or long term-conditions that you receive treatment for:
10. Do you currently experience suicidal thoughts or thoughts of harming yourself: If the answer is yes to this question, we can explore a little further during our scheduled appointment. In the meantime, if you feel at risk, please follow the guidance in blue at the end of this page.
11. Have you self-harmed or attempted suicide in the past: If the answer is yes to this question, we can explore a little further during our scheduled appointment. In the meantime, if you feel at risk, please follow the guidance in blue at the end of this page.
12. What are the main issues and goals you would like to work on in therapy:
13. Approximately how long have you had these issues:
14. Have you had any previous individual psychological therapy/talking treatments: If the answer is yes, please give brief details of each episode of past therapy, e.g. which Service, how many sessions, how helpful it was.
15. Home details of who you live with (e.g. partner, room-mate, parents etc) and if you are happy with your living arrangements:
16. Occupation details of what you do for work and if you enjoy your job:

If you or another are at risk of harm and require urgent support, please contact your GP or, if out-of-hours, follow the instructions on your GP's voice mail message and/or call one or more of the following (all are free to call):

- *The Samaritans: call 116 123 listening & help line 24/7.*
- *Connections: call 0800 652 0190 mental health advice 24/7.*
- *NHS 111: call 111 for non-urgent medical help/advice 24/7.*

If you are in crisis and in emergencies: call 999 or go to nearest Hospital A&E.



DEPRESSION QUESTIONNAIRE (PHQ-9) Over the last 2 weeks, how often have you been bothered by any of the following problems? (Put an "X" in the column to indicate your answer)	Not at all 0	A few/several days 1	Over half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things?				
2. Feeling down, depressed, or hopeless?				
3. Trouble falling or staying asleep, or sleeping too much?				
4. Feeling tired or having little energy?				
5. Poor appetite or overeating?				
6. Feeling bad about yourself?				
7. Trouble concentrating on things, such as reading, watching television?				
8. Moving/speaking either more slowly than usual or more quickly than usual?				
9. Thoughts that you would be better off dead, or of hurting yourself?				
Name:	Start Score:		Date:	
No. of Sessions:	End Score:		Date:	

5-9 Mild depression | 10-14 Moderate depression | 15-19 Moderately severe depression | 20-27 Severe depression

ANXIETY QUESTIONNAIRE (GAD-7) Over the last 2 weeks, how often have you been bothered by any of the following problems? (Put an "X" in the column to indicate your answer)	Not at all 0	A few/several days 1	Over half the days 2	Nearly every day 3
1. Feeling nervous, anxious, or on edge?				
2. Not being able to stop or control worrying?				
3. Worrying too much about different things?				
4. Trouble relaxing?				
5. Being so restless that it's hard to sit still?				
6. Becoming easily annoyed or irritable?				
7. Feeling afraid as if something awful might happen?				
Name:	Start Score:		Date:	
No. of Sessions:	End Score:		Date:	

5-9 Mild anxiety | 10-14 Moderate anxiety | 15-21 Severe anxiety