



Light House Psychology

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

Psychological Therapy & Assessment Information

Client Name:
Psychologist: Lou Hillier

Client Email:
Psychologist Email: psyclick@msn.com | info@louhillier.co.uk

CONFIDENTIALITY – Electronic notes of information shared during therapy are stored in compliance with GDPR and kept strictly confidential with the exceptions and limitations detailed in the [Confidentiality & Data Protection](#) information on page 2 of this document.

ACCREDITATION – 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 the links provided above.

ORIENTATION – I provide intensive integrative psychological therapy and draw on a range of theories and psychotherapeutic orientations/models that I have been trained in, more details are provided at <https://louhillier.co.uk>. We will use those best suited to meet your needs and goals and keep this under review during therapy so we can make changes to the orientation/model where we agree this may be beneficial.

SUPERVISION – Supervision is mandatory for psychologists who must discuss with a senior colleague any clinical issues relating to client care to ensure good standards of practice and ethical values are maintained. Supervisors are bound by the same confidentiality rules (see page 2) and your personally identifiable information is disguised/withheld to maintain your confidentiality.

DURING SESSIONS – It is advisable for you make your own notes both during our therapy sessions, and between appointments, to record important thoughts/ideas and any questions and to bring your notes to each session.

BETWEEN SESSIONS – It is usual for us to discuss and agree some reading, diary-keeping or other tasks for you to complete between sessions. I will often send you documents and links to resources via email during, or straight after, sessions to assist you with tasks or just for information. *Please do send me a reminder email if I have said I will send you information and you have not received it by the day after your session.*

PAYMENT & FEE – The fee is £XX for each 45 minute online session to be paid the day before each session by online bank transfer. *If payment is not received in advance of the start time, the session may be not proceed.* For Health Insurance companies the fee is fixed and you just need to give my name to your Insurance company so they can add me to your policy as a provider and send me your Authorisation Code and Membership Number before the first session.

APPOINTMENT CHANGES & CANCELLATIONS – Requesting changes to scheduled appointments is strongly discouraged and if you cancel giving less than 2 working days-notice the full fee may still be charged and not refundable potentially resulting in a lost session. If you do need to 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 so you do not lose your session but I cannot guarantee I will be able to do so.

AVAILABILITY & REGULAR SLOTS – Appointments are available between 09:00-21:00 on Mondays, Tuesdays and Wednesdays with some intermittent Thursday availability. Availability of evening appointments from 17:00-21:00 may be limited due to high demand. Weekly appointments are recommended for 2-3 weeks, moving to fortnightly and 12 sessions is usually sufficient.

TERMINATION – You can stop therapy whenever you choose and you don't have to give a reason but planned rather than sudden endings are usually more helpful. In the unlikely event I have to terminate therapy early for reasons outside my control, every effort will be made to discuss this with you and recommend an alternative psychologist. In the event I am incapacitated, you will be contacted by a nominated representative who will only have your name and email address.

COMPLAINTS – If you are not satisfied with the care you receive and want to end therapy early, I would most highly value the opportunity to discuss this with you so I can attempt to remedy the situation. If I am unable to provide a remedy, there are complaints procedures via the BPS and HCPC you can follow, links above.



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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 but only with your consent and these recordings and all other personal information are stored/used in 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. At the end of therapy, emails to/from psyclick@msn.com and info@louhillier.co.uk to/from your email address are deleted from the servers and saved to an encrypted and password protected external drive and stored securely offline. As a precaution, as emails are kept on the servers during therapy, it is advisable to restrict sharing any sensitive/personal information in them.
4. 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.
5. 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 non-insurance third party is funding your treatment, it is usual practice for them to be informed of the assessment or therapy outcome and the number of attended sessions. This minimum information required by funders cannot be negotiated but clinical information can only be shared with your express consent.
2. You can request information be sent electronically to third parties and you can request my participation in calls or online meetings with third parties, fees are chargeable for such additional services, and are not included in the session fee.

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 towards 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 legally authorised organisation.

D. EMERGENCY CONTACT PERSON – Please provide an emergency contact person with their name, email address and mobile number below, this can be a spouse, friend, relative or your GP. Should there be significant concerns for your safety during a 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 email electronic signature and that I understand and agree to the information contained in this document.

Email address signature Client:

Email address signature Psychologist: psyclick@msn.com | info@louhillier.co.uk

Emergency Contact Person Details:

Name:	Email:	Mobile:
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My Personal Details Assessment | 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: dial 116 123 listening & help line 24/7.*
- *Connections: dial 0800 652 0190 mental health advice 24/7.*
- *NHS 111: dial 111 for non-urgent medical help/advice 24/7.*

*If you are in **CRISIS** and in **EMERGENCIES** dial **999** or go to your nearest **Hospital A&E**.*

Please see next page to complete wellbeing questionnaires.



DEPRESSION QUESTIONNAIRE (PHQ-9)		Not at all		A few/several days		Over half the days		Nearly every day	
Over the last 2 weeks, how often have you been bothered by any of the following problems?		0		1		2		3	
(Put an "X" in the column to indicate your answer)									
1. Little interest or pleasure in doing things?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down, depressed, or hopeless?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Feeling bad about yourself?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trouble concentrating on things, such as reading, watching television?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving/speaking either more slowly than usual or more quickly than usual?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)		Not at all		A few/several days		Over half the days		Nearly every day	
Over the last 2 weeks, how often have you been bothered by any of the following problems?		0		1		2		3	
(Put an "X" in the column to indicate your answer)									
1. Feeling nervous, anxious, or on edge?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Not being able to stop or control worrying?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worrying too much about different things?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Trouble relaxing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Being so restless that it's hard to sit still?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Becoming easily annoyed or irritable?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling afraid as if something awful might happen?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:		Start Score:				Date:			
No. of Sessions:		End Score:				Date:			

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



GENERAL WELLBEING QUESTIONNAIRE (SCHWARTZ OUTCOME SCALE-10)

Instructions: Please respond to each statement indicating how you have generally felt over the last 7 days. There are no right or wrong responses. Often the first answer that comes to mind is best.

0 = Never

All or nearly all of the time = 6

(Put an "X" in the column to indicate your answer)

	0	1	2	3	4	5	6
1. Given my current physical condition, I am satisfied with what I can do.							
2. I have confidence in my ability to sustain important relationships.							
3. I feel hopeful about my future.							
4. I am often interested and excited about things in my life.							
5. I am able to have fun.							
6. I am generally satisfied with my psychological health.							
7. I am able to forgive myself for my failures.							
8. My life is progressing according to my expectations.							
9. I am able to handle conflicts with others.							
10. I have peace of mind.							
	0	1	2	3	4	5	6
Name:	Start Score:			Date:			
No. of Sessions:	End Score:			Date:			

Minimal distress: 41-60 | Mild distress: 33-40 | Moderate distress: 25-32 | Severe distress: 0-24