

# Stockport Talking Therapies

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### Client Agreement

- I agree to access therapy in accordance with the missed appointments policy
- If my GP changes during therapy I will provide Stockport Talking Therapies with the new GP's name and contact details.
- I understand that should Stockport Talking Therapies staff members or volunteers feel that I could be a danger to myself or others, or that I may be in danger of harm from others, they may contact my GP, the emergency services, or other relevant professional. Furthermore I understand that should Stockport Talking Therapies staff members or volunteers have any concerns relating to the safety of a child or vulnerable adult they will be required to inform the relevant professional. Unless the circumstances are exceptional I will always be informed prior to any action being taken.
- I understand that a discharge report will be sent to my GP when I complete the therapy. The discharge report generally contains scores from clinical measures, details of further treatment requirements, and details of change of circumstances in relation to education, employment or volunteering.
- I understand that I can make a comment, compliment or complaint about my experience of accessing the service.
- Stockport Talking Therapies has a zero tolerance to aggressive and violent behaviour, such behaviour may result in the service being withdrawn.
- I agree to fill in several questionnaires before, during and on completion of therapy. The answers to the questionnaires may be published internally or externally but this will be done anonymously (i.e. without my name or any other identifiers).
- I have received a copy of 'Your Information: how it is used and how to gain access to it'
- I understand that email should only be used for non-urgent and non-confidential correspondence. If I need to discuss a health matter with my practitioner I should call them.
- I agree to respect the confidentiality of fellow clients.
- *I agree to abide by the terms of this agreement:*

Client's name \_\_\_\_\_

Client's Signature \_\_\_\_\_

Worker's name and Signature \_\_\_\_\_

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