

PSYCHOLOGICAL SYSTEMS LTD
TERMS AND CONDITIONS

APPOINTMENTS

- First appointments are set at 85 minutes so to include patient history and case assessment
- Thereafter, appointments are conducted over 55 minutes or 85 mins.

FEES

The rates, which apply also to telephone, Skype or face-time sessions, are as follows:

- Individual patients £250 for 55 minutes/£385 for 85 minutes
- Couple £350 for 55 minutes/£540 for 85 minutes
- Family £375 for 55 minutes/£575 for 85 minutes
- Executive Coaching and Creativity Coaching £375 for 55 mins/£575 for 85 mins
- Call-back – 15, 30 or 60min telephone calls £70 for 15mins, £140 for 30mins, £280 for 60mins

Longer or shorter appointments and session run-overs are billed per minute (pro-rata)
Double appointments are available and sometimes might be more appropriate

Depending on the treatment type, it may be necessary to include a 'homework' element. I would be grateful if this could please be completed as required in order to move the treatment forward.

SETTLEMENT OF ACCOUNT

Appointments are bookable and payable in advance.

Overdue Accounts are routinely passed to our collection agent where payments fail or are omitted and, at 30days, if arrears remain on the account. The agent may levy additional charges for chasing and collecting payment. If you are having difficulties with payment, please contact me as soon as possible so that we may assess the available options.

REIMBURSEMENT OF FEES BY HEALTH INSURANCE COMPANIES

Psychological Systems Ltd require you to pay for appointments, personally, in advance and make your own claims submission to any insurance policy you may hold.

Please also note that whilst it may well be the case that your fees will be covered by your health insurance company, any reimbursement to you of my fees is subject to your agreement with your health insurer according to your contract with them and you remain responsible for the full payment of my fees, whether or not they are reimbursed to you by your health insurer.

AMENDING OR CANCELLING APPOINTMENTS

- If you cannot attend an appointment please let me know on 07863 145 386. Messages left on this number are confidential and will be picked up daily, including at the end of the weekend. If you fail to cancel or attend an appointment without a minimum of three full working days (72 hours) advance notice, you will be charged in full. This applies equally to reducing session time – where reducing from a double to a single session requires the same (72 hour) notice period.
- You will not be charged for cancelling or rescheduling your appointment if you give me advance notice of a minimum of three full working days or (72hours)
- e.g. cancellation for a Monday morning appointment to be made by the preceding Friday morning...cancellation for a Thursday appointment by the preceding Monday etc.

CODE OF PRACTICE

I am a Trauma Specialist, a Clinical and Counselling Psychologist as such, I abide by the professional code of practice required by the Health Care Professionals Council (HCPC), the British Psychological Society (BPS) (Chartered, CPsychol and AFBPsS); and I am a Psychoanalytic Psychotherapist and, I am registered with the British Psychoanalytic Council (BPC) and a Psychological traumatology expert, and a Member of the ESTSS.

CONFIDENTIALITY

All information imparted to me during a session is confidential. It is standard practice however to inform others involved in your care, such as your referring psychiatrist and/or your GP, of your attendance, including a summary of the themes addressed in therapy. Please indicate if you do not wish me to disclose any such information; as in the majority of cases it may not always be essential for me to do so. This disclosure would be required by professional practice if it was felt that you would be a significant harm to yourself or others. Supervision of my work is a professional requirement and standard practice. I might occasionally choose to discuss your progress with my supervisor but I do not disclose any information that would identify you.

AGREEMENT: I have read and agree to the terms and conditions outlined above. DATE

YOUR NAME: Please PRINT..... YOUR SIGNATURE

¹The only exception, besides you requesting my having communication with someone of your choosing, would be that is it is understood you may be a danger to yourself or to someone else. This risk mitigation would necessitate an intervention to ensure safety and well-being

Dr. Richard Sherry:

Clinical and Counselling Psychologist (HCPC Reg. and CPsychol) | Psychoanalytic Psychotherapist (BPC Reg.)
EMDR Consultant | Trauma Specialist (ESTSS Reg.) | APECS Reg. Executive Coach and Organisational Consultant
B.Sc (Psych.) | M.Sc (Lon) | M.Sc (CAPS) | MA. (Lon) | DPMSA | DProf (Lon) |
CPsychol | PG Dip (Med Sci) | FAWM | AFBPsS

PATIENT REGISTRATION DETAILS

(**Please complete all fields as this is a requirement for treatment)

NAME DATE OF BIRTH...../...../.....

HOME ADDRESS.....
.....
.....

TELEPHONE CONTACT DETAILS: (please indicate your preferred contact number)

Work Please indicate your preferred number Yes / No
Home Please indicate your preferred number Yes / No
Mobile Please indicate your preferred number Yes / No

EMAIL (essential for billing please)

Email: _____@_____ . _____ (home/personal)

*Or _____@_____ . _____ (work)

WHO REFERRED YOU?

DOCTOR'S DETAILS

General Practitioner Name.....
Practice Address

Telephone No

May I provide details of your attendance? Yes / No

Consultant Psychiatrist Name.....
Practice Address.....
Telephone No

May I provide details of your attendance? Yes / No

INSURANCE DETAILS: if applicable – for reference/patient reports

Medical Insurance: Yes/No

Membership or Policy No.

Authorisation No:.....

Please Ensure That You Have READ AND SIGNED My Terms And Conditions Overleaf
Thank You