

Please carefully read and note the following:

1. I have been advised by Gemma Berg the scope of the therapies she provides and I give my full consent for my child and I to receive therapy sessions from Gemma Berg. I understand that results vary from person to person, and the agreement by Gemma Berg to work on problems presented by my child and I, using whatever model or models are appropriate to my child's situation, in no way implies or guarantees a 'cure' of the said issues or problems.
2. I understand that Neuro-Linguistic Programming, Coaching or any other therapy provided by Gemma Berg, is not a replacement for medical treatment, or psychological or psychiatric services. I also understand that Gemma Berg does not treat, prescribe for or diagnose any condition. I declare that, if advised prior to any session with Gemma Berg to seek medical approval, I have consulted with my General Practitioner and/or Hospital Consultant and gained the appropriate medical approval for working with Gemma Berg.
3. I have been advised that I am free to terminate any or all sessions at any time. I have agreed to participate in each session to the best of my ability, and that contact between sessions will be strictly limited to telephone, e-mail or letter.
4. I have accurately and truthfully answered the questions on this Assessment Form and provided background information as requested by Gemma Berg.
5. I agree to attend all scheduled appointments and to arrive on time. I understand that each session is 45 minutes in length unless otherwise stated. I understand that if I arrive late, this may result in having a shorter session. I understand that unless otherwise stated there is a charge of £70.00 per session and I agree to pay this fee on demand at the time of my scheduled session.
6. I understand that Gemma Berg has reserved a session for me and it is her policy to charge £40.00 for cancellations received with less than 24 hours' notice. Non-attendance of a fee-paying booked session without prior warning will result in a charge being made that is equal to the fee of the session. Such fees are charged at Gemma Berg's discretion, and I agree to pay fees incurred in those circumstances.
7. In line with the General Data Protection Regulation, I understand that any written records or case notes about me will be kept securely and will be destroyed 3 months after treatment has been completed. I understand I have a right to request to see any data that is held about me. The request must be in writing, and I will allow 20 working days for a response to this request.
8. I agree that reports requested by insurance companies, doctors, employers, courts etc. will not be released without my written permission and may incur a fee at Gemma Bergs' discretion to prepare and provide.
9. Confidentiality is paramount and will be maintained in all but the most exceptional circumstances. I agree that these can include: legal action (criminal or civil court cases where a court order is made demanding disclosure, including coroner's courts); child abuse; abuse of a vulnerable adult; if I am an imminent danger to myself or others; and where there is good cause to believe that not to disclose would cause danger of serious harm to others. The sharing of anonymous case histories with supervisors and peer-support groups is not a breach of professional confidentiality. The sharing of open case histories with supervisors and any referring NHS medical practitioner is also not a breach.

I agree to the terms stated above

Signed.....

Dated .....

Please PRINT full name

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