

**Dr Nicola Gawn CPsychol AFBPsS
HCPC Registered & Chartered Clinical Psychologist**

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Contract for Therapy

My Signature below confirms that:

- I have read and understood all the information detailed in the Client Information Sheet supplied to me and that I agree to abide by the terms and conditions outlined therein.
- I have read and understood all the information detailed in the privacy policy.
- I understand that the current fee is: £120 per session to be paid in the session by cash or cheque, or within 48 hours by bank transfer, and that non-payment of fees could result in legal action.
- I understand that therapists can give no guarantee that the therapy and provision of services will result in an improvement to their client's mental or physical condition or general wellbeing.

Name:
(Parent or Guardian if under 18)

Signature:

Date: