



Therapy Agreement 2026

Therapist Details

Name: Kim Hill

Art of Wellbeing

Contact Number: 07809 124786

Email: health@artwellbeing.co.uk

Address: Brenchleys, Dittons Road, Stone Cross, Pevensey BN24 5ET

Therapy Agreement

I require your acceptance to the Therapy Agreement prior to the commencement of therapy.

Please can you read through the agreement below and email me back including the Therapy Agreement I've sent you as an attachment saying:

In your email may I ask you to say: ***'I've read and understood the agreement and my information being held and used as described in this agreement.'***

Session Duration

An average adult session is up to 60 minutes at a cost of

£65.00 for counselling

£85.00 for neuroplastic conditions/mindbody stress symptoms coaching

Session Payment

Payment will be taken at time of booking through the Calendly diary booking system. Stripe will debit your credit or debit card; all financial details & records will be held securely by Stripe under strict confidentiality guidelines.

Cancellations

48 notice is required to cancel your therapy session without incurring a charge.

If your appointment is on a Tuesday, please cancel by Friday.

If less than 48 hours' notice is provided, you will be charged the full cost of your session.

Non-attendance

If you fail to attend a session without any notice your file will be placed on hold.

Reviews and Duration of Therapy

The duration of the therapeutic process will depend on the type of difficulty or problem you are facing.

Some people prefer to work with an open agreement whereas others prefer to work with a fixed number of sessions followed by a review.

It is important for the client to know that it is his/her decision whether to continue therapy or not.

It is also important to bear in mind that painful emotions or feelings may arise during therapy, which may make you as a client doubt the benefit of the support supplied. However, this is usually a good sign that these emotions/feelings arise because it aids the healing process.

We will review sessions regularly approximately every four sessions to ensure you feel you are getting the most out of therapy.

Ending of the counselling agreement and sessions

You can end sessions giving one session's notice to ensure we have a healthy ending to therapy.

If I consider your requirements change and become beyond my range of competence and skill base, I reserve the right to terminate our contract.

Where at all possible this will be discussed in session and recommendations would be provided.

I reserve the right to end the therapeutic relationship by email enabling me to outline an alternative suggestion for ongoing support.

Confidentiality

Your therapy and personal information are kept securely. Information but not names will be shared with my supervisor who is BACP accredited and who regularly reviews my practice.

Confidentiality will be broken if I have concerns that you or anyone else is at risk. If this occurs it will be discussed in the session and recommendations will be discussed and documented in your notes.

As a fully accredited member of the National Counselling & Psychotherapy Society, I adhere to their ethical framework and guidelines to ensure that you receive a professional and quality service.

Contact outside of the sessions

Email is the preferred way to get in touch, and all messages should be sent to health@artwellbeing.co.uk. To ensure messages are received and responded to effectively, telephone calls, WhatsApp messages and contact via social media

platforms are not currently regularly monitored, please contact Kim via email at health@artwellbeing.co.uk.

Emails are checked regularly; however, as Kim is often in sessions with clients, responses may take up to 48 working hours to respond. Every effort is made to reply as soon as possible within normal weekday working hours.

Please note that this service does not provide emergency or crisis support, and Kim is unable to respond to urgent communications. If you require immediate help, please contact your GP, local crisis service, or emergency services.

Information we collect about you and how we use it

Upon starting therapy, basic personal information will be collected for contact and identification reasons.

During our therapy meetings, an assessment of your psychological health will be completed, and notes will be taken during sessions. Occasionally recordings will be taken with your consent and for your benefit. These will include personal and sensitive details about your life. The assessment, notes and any recordings are used solely for the delivery of the therapy service to you.

Your rights

You have rights relating to the information I hold to verify the accuracy or to ask for them to be supplemented, deleted, updated or corrected. You have the right to request a copy of the information that I hold about you. If you would like a copy of some or all of your personal information, please email or write to me via the contact details stated in this agreement. Information will be provided to you within 30 days.

We want to make sure that your information is accurate and up to date. You may ask me to correct or remove information you think is inaccurate. You have a right to request the transfer of your data to another individual or company.

How long we keep your information for - data retention

Your information is kept for the time necessary to provide the therapy service requested.

However outside of this I will hold your details and session notes for a period of 7 years following the end of treatment to comply with legal obligations that are placed upon me by my insurers, Hobden.

In the case of a child under 13 then records will be kept 7 years after they reach the age of majority (18). After this date, all data will be securely deleted.

Sharing of data

To support the running of my practice, I work with Lucie Day, a Virtual Assistant who helps with administrative tasks such as appointment scheduling, invoicing and email management.

Lucie may have limited access to client information that is necessary to carry out these tasks (for example, name, contact details and appointment times).

Lucie will not have access to therapy notes or session content.

Lucie is legally bound by confidentiality, works in line with GDPR requirements, and has a formal data processing and confidentiality agreement in place. She is also ICO registered and covered with Insurance.

Your confidentiality and privacy remain extremely important to me, and only the minimum necessary information is ever shared.

Use of Zoom AI Companion

During online sessions, Kim Hill may use Zoom's AI Companion to assist with note-taking. This tool helps to accurately capture key points from sessions, allowing Kim to remain fully present and focused on you.

Any notes generated are treated with the same level of confidentiality and care as all client records and are used solely to support your therapy.

Zoom's AI Companion operates within Zoom's security and privacy framework. You can find more information about how your data is handled here:

[AI Companion Security and Privacy | Zoom](#)

AI technology is moving at a fast pace and we are doing all we can with due diligence. If you have any questions or concerns about this, please feel free to raise them before or during your sessions.

Security of your data

Information will be kept securely and confidentially in line with the data retention policy as stated above.

Lawful basis for processing your information

The lawful basis for my holding and using your information is in relation to the delivery of a contract to you as a health care professional. As an accredited member of National Counselling & Psychotherapy Society I operate under a strict code of confidentiality.

Keeping in touch

From time to time, Kim shares helpful information with clients, including free resources, newsletters and occasional updates that may support your wellbeing or keep you informed about relevant services and offerings. This is entirely optional, and you are welcome to opt in if you'd like to receive these emails. You can unsubscribe at any time.

Please indicate your preference by typing YES or NO below:

I would like to receive occasional emails from Kim containing free resources, newsletters and other helpful updates.

YES / NO:

Therapist and Client Agreement

Client Name -

Signed -

Date - 

Therapist Name – Kim Hill

Signed - *Kim Hill*

Date 19th February 2026

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