



**KIRSTEN HEYNISCH**

**Clinical Psychologist, CPsychol.  
Group Analytic Psychotherapist & Qualified Supervisor  
Accredited Practitioner of Mentalization Based Therapy (MBT)**

## **Therapy Agreement**

### **My Details**

**KIRSTEN HEYNISCH**

**Clinical Psychologist, CPsychol.**

**Group Analytic Psychotherapist & Qualified Supervisor**

**Accredited Practitioner of Mentalization Based Therapy**

**[kirstenheynisch@outlook.com](mailto:kirstenheynisch@outlook.com)**

**07757771450**

### **Session Duration**

Sessions take 50 minutes and are charged at the agreed fee per session.

### **Session Payment**

Must be made prior to the session, unless otherwise agreed, either by cash or bank transfer. Receipts/invoices are available on request.

### **Cancellations**

48 hours notice (2 working days = Monday to Friday) is required to cancel your therapy session without incurring a charge. If less than 48 hours notice is provided, you will be charged the full cost of your session, irrespective of reason for cancellation.

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## **Non-attendance**

If you fail to attend a session without any notice, full payment for that session will be required before booking any further sessions, and your file will be placed on hold.

## **Reviews**

We will review sessions on a regular basis to ensure you feel you are getting the most out of therapy; you are not tied into any commitment and you can end sessions at any time. If I consider your requirements beyond my competence, I reserve the right to terminate our contract, this will be discussed in the session and recommendations will be provided.

## **Confidentiality**

From the first contact, any information you share with me will remain strictly confidential. Information but not names will be shared with my supervisor who is bound by the same confidentiality agreement. Regular clinical supervision is an integral part of an ethical and professional therapy practice. Your therapy and personal information are kept securely.

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 BPS (British Psychological Society) and HCPC (Health & Care Professions Council), I adhere to their ethical framework and guidelines to ensure that you receive a professional and quality service.

## **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. These will include personal and sensitive

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details about your life. The assessment and notes are used solely for the delivery of a 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. In the case of a child under 13, 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**

There may be times where your information needs to be shared with 3rd parties. I will explicitly ask your consent before doing so, and the data will be sent to 3rd parties securely.

### **Security of your data**

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

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## **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 the BPS and the HCPC I operate under a strict code of confidentiality.

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## **Therapist and Client Agreement**

**Client Name -**

**Signed -**

**Date -**

**Therapist Name -**

**Signed -**

**Date -**

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