

Cambridge Therapy,  
Psychological Services

A Helping Hand

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### **Practice Information**

#### **Opening hours:**

My current therapy hours are all day Tuesday (last appointment 6.00pm) and all day Wednesday (last appointment 5.00pm). In exceptional circumstances (e.g. when there are mobility issues) I am happy to attend appointments at the client's home. These appointments would be arranged at our mutual convenience.

#### **Emergencies:**

This practice does not provide an out of hours service. In exceptional circumstances it may be possible to bring an appointment forward. Any emergencies are dealt with by standard NHS services, including your GP surgery and local hospital A&E department, or alternatives as part of private health care or as offered by your psychiatrist.

#### **Payment Details:**

Payment can be made by cheque (made out to Dr Wendy Croft), cash or by BACS (I will provide my bank details on request). Please note that the fee for the initial assessment is payable at the appointment. Thereafter you may pay weekly, fortnightly or monthly. If you require an invoice please let me know. All invoices are payable within two weeks of the date of the invoice. If you have health insurance cover, invoices will be sent directly to the health insurance company. It is your responsibility to ensure that you have the relevant authorisation for all sessions and please check the level of your cover prior to starting any therapy. Current fees for both assessment and treatment sessions are £100 per session. Fees with medical insurance providers are negotiated direct with the relevant company and will vary from those self-funding.

#### **Cancellations:**

All appointments cancelled more than 24 hours before the appointment will not be charged for. **Any cancelled less than 24 hours before the appointment will be charged in full.** Cancellations can be done by text or email. Occasionally I will be away on holiday or at a training event or conference. As far as possible I will try to warn you well in advance of any period of absence.

I would be very happy to answer any queries you may have about any of the above.

Wendy Croft

## **Client information form**

### **Contact details:**

Client name	
Date of birth	
Address	
Telephone – landline	
Telephone – mobile	
Email	

Please tick the box if you agree to email correspondence to you for:

- Administrative reasons (e.g. arranging appointments, sending invoices)
- Therapy related reasons (e.g. sending worksheets, therapy handouts etc)

Next of kin name	
Relationship	
Telephone number & address	

GP name	
Telephone number & address	

Payment details (please leave blank if you will be paying invoices yourself)

Health insurance provider	
Policy number	
Other relevant individual	
Telephone number & address	

**Disclosure of clinical information**

In line with professional guidelines for registered clinical psychologists, your clinical information will be treated strictly confidentially. Your file will be kept in a locked filing cabinet. Your emails and administrative information will be stored in my password-protected computer and when we conclude our work all emails will be deleted. Administrative details will have been deleted by the end of six months after we conclude our work. I will retain your paper file for six years after the end of the calendar year of your final appointment after which all contents will be destroyed.

I do not routinely share clinical information with other clinical professionals, unless this is requested and I have your written consent to do so. However communication with health professionals is strongly recommended when this is considered necessary for your well-being or that of significant others.

If you have been referred by a health professional, I will have to send clinical reports to your referrer to keep them updated about your care. If you were referred by someone other than your GP (e.g. a psychiatrist), please tick the appropriate box to indicate whether you would like reports also to be copied to your GP:      Yes       No

If you have self-referred you can indicate whether you would like a written report to be sent to any relevant health professional or whether you would prefer me not to send a report. If you would like reports to be sent please provide details of the individuals below (otherwise leave blank). Any report will be invoiced according to the rates agreed and according to the length of time taken to write the report. A brief assessment/ discharge report will on average not take more than 30 minutes to complete.

Name & designation (e.g. GP)	
Address	

Confidentiality will be breached only in very exceptional circumstances when there is a risk to yourself or others.

Could you please sign the document to indicate the following:

- That you have read the information on disclosure of clinical information and are satisfied with this
- That you are aware of the payment rate and cancellation policy and are willing to comply with this
- That you have read and retained a copy of the practice information sheet which outlines your rights and responsibilities in purchasing/utilising a private clinical psychology service provided by Dr Wendy Croft and that you accept these terms.

Name:

Signature:

Date: