

ALBANY CLIENT INFORMATION FORM

Date: _____

First Name: _____ Surname: _____

Home address: _____

Email address: _____ Phone No: _____

Confidentiality & Safety

Your confidentiality at Albany is guaranteed. We will ensure your therapy is a space where you can feel safe to talk. If we think it would be useful to liaise with other professionals, your GP for example, this is done with your consent. Only in an emergency, such as a risk of harm, would we need to speak with someone without this – so we ask for a medical contact and next-of-kin or trusted person contact. Otherwise, your therapy at Albany is entirely private. Any information we keep about you, including any notes or data from your feedback, is kept securely so that your identity and privacy is protected.

G.P. contact details:

Name: _____

Tel: _____

Address _____ (include
postcode and website if available)

Next-of-kin / trusted person in an emergency: (Please state relationship to you: _____)

Name: _____

Email: _____ Tel: _____

Feedback

We encourage clients to say directly to therapists anything they don't think has been helpful as well as what has been helpful throughout therapy. All our therapists are accredited by professional bodies or in training for this, and all receive expert supervision. So you can be confident the therapist you work with at Albany is competent. For therapy to work well your active participation is important. For this we use questionnaires. We also occasionally ask permission to record a session to review clinically how therapy is working. Your therapist will check with you, and only record if you are comfortable.

I agree to provide feedback on my therapy at Albany via *questionnaires*: **[Please check]**

Albany client information, consent & payment form

Albany Assessment questionnaire &

Albany Pre-&-Post Session questionnaire.

Payment arrangements

Albany is a registered charity but we do not receive government, local authority, or NHS funding for our counseling services. What we offer at Albany is no longer available on the NHS – therapy without time limits, tailored to each client's unique process of change. To support this we need to charge fees. And to make sure we do not exclude anyone we provide low-cost places for people who are on social security benefits, unemployed or low-waged. We review fees periodically to check on affordability. To arrange an initial consultation we will invoice you for payment in advance. For ongoing counseling, we invoice you after each session. We are always willing to discuss difficult circumstances with payment.

Payment details

Payment will be required in advance of your initial assessment.

Please see bank details below.

Barclays Bank

Account Name: **Albany Trust Counselling**

Account Number: **30045462**

Sort code: **20-10-53**

Upon confirmation of payment, your assessment will be arranged. **[Please check]**

I wish to arrange an initial assessment consultation @ £50

I wish to arrange a low-cost initial assessment consultation @ £30

I have provided proof of income @ less than £20,000 per annum for a low-cost assessment

I am available for an appointment on:

[8 am – 12 pm; Morning 12 – 5 pm; Afternoon 6 – 8 pm; Evening]

Mon

Tue

Wed

Thurs

Fri

Sat

I prefer an initial **[please check]**

Face-to-face

Online consultation

Signed (Client): _____ **Date:** _____