 Dr Jenny Cropper

Consultant Clinical Psychologist

BSc(Hons), MPhil, PsychD, CPsychol

[drjennycropper@outlook.com](mailto:drjennycropper@outlook.com)

Dear Client

Please read the following information and sign and date at the end to confirm that you understand this information and agree to the terms. Please scan/photograph this document and return this electronically to drjennycropper@outlook.com

**Credentials**

Dr Cropper is registered with the Health and Care Professions Council and must comply with a range of standards of conduct, performance and ethics in order to maintain their practicing registration [http://www.hpc-uk.org](http://www.hpc-uk.org/)

Dr Cropper is chartered by the British Psychological Society (<https://www.bps.org.uk/lists/cpsychol>) and abides by their recently updated code of Ethics (<https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>) which focuses on four primary ethical principles:

* Respect
* competence
* responsibility
* integrity

**Confidentiality**

Dr Cropper respects your confidentiality. Clinical sessions based on a private medical or self-referral will be treated as confidential, however, there are exceptions to this. There may be, in addition, a need for liaison with other parties as appropriate. In any scenario where confidentiality cannot be maintained, every effort will be made to discuss this with you and inform you with regard to the process required. Please discuss any concerns you may have in this regard with Dr Cropper.

There are some specific circumstances where confidentiality cannot be maintained and liaison with relevant services necessary:

* Need to know information for another health service provider (e.g. GP).
* For purposes of clinical supervision (to be discussed and explained to you).
* Where disclosure is in the public interest or where there is a legal duty (e.g. a court order).
* If information is provided concerning risk of harm to client or anyone else.
* If information is provided relating to the well-being of, or harm to children.

It is best practice to write to your GP in order to inform and involve them with your ongoing treatment plan.

If specific information is not to be disclosed in a report, you must make this clear before the report is written. Dr Cropper will usually write reports with your collaboration in order to promote transparency and honesty throughout the therapy process.

Dr Cropper may ask you to provide a security word for use when making contact by phone, to ascertain that the right person is on the phone. Please also advise if there is anyone else Dr Cropper may speak to on your behalf, e.g. family member.

Dr Cropper cannot provide rapid responses to email or voicemail communication. If a client is concerned about someone’s safety, it is advised that they make contact with their GP or NHS 111.

**Data Protection**

Dr Cropper has a Data Privacy Policy and a Privacy Notice, which comply with GDPR (General Data Protection Regulation) 2016, and the subsequent UK Data Protection Act 2018. Copies are available on request.

**Fees**

Sessions will be held face to face within a consulating room or in rare occasions in the client’s home. Online sessions will be via Zoom or MS Teams. The frequency of sessions can be agreed with Dr Cropper. Sessions last for 50 minutes of clinical time plus 10 minutes of outside of session time for Dr Cropper’s preparation and note completion time. **Self Funded sessions are charged at the rate of £145.** Arrangements with and fee reimbursement from relevant health insurers will be discussed and agreed between Dr Cropper and the client.

Any administration / report writing/ additional work required will take place outside of this time, with this to be discussed with the client prior to work being carried out regarding any additional charges. Typically at least one report would be produced during a client’s contact with Dr Cropper. If necessary, Dr Cropper can receive email communication in the form of confidential reports and letters, and/or additional information.  However, reviewing the content of such documents will attract your agreed hourly fee and will be added to your next invoice.  Telephone calls will also attract your agreed hourly fee.

The client will be sent an invoice one week prior to the planned appointment; this invoice must be paid prior to 48 hours before the appointment. Non-payment of the invoice will result in the appointment being cancelled. Please note the full cancellation policy below.

Payment may be made electronically to Dr Cropper’s account, details to be provided at the time of appointment booking.

**Cancellations**

Whilst it is understood that there are many valid reasons why clients may need to cancel their appointments at short notice, Dr Cropper’s policy is as follows:

* Full payment for a session must be made prior to 48 hours before the appointment, or the session will be considered cancelled.
* Sessions cancelled with more than 48 hours’ notice will not be charged a fee.
* Sessions cancelled with less than 48 hours’ notice and more than 24 hours’ notice will be subject to a fee of half price.
* Sessions which are not cancelled or attended or cancelled with less than 24 hours’ notice will be charged at full price.
* Clients being funded by medical insurance will be personally liable to pay the session fee if the appointment is not cancelled within the above timescales or is not attended.
* Clients being funded by medical insurance will be personally liable to pay session fee if medical insurance cover is withdrawn or declined.
* No further sessions can be arranged until any outstanding accounts are settled with Dr Cropper.

Appointments cancelled with short notice incur costs to Dr Cropper and do not enable sufficient time to offer a slot to other clients, hence the above policy.

Psychological input can be cancelled at any time without reason with more than 48 hours’ notice (as per policy above) by either party and sessions would be discontinued from this point.

**Please give consent for Dr Cropper to contact you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I consent to information being sent via outlook. I understand that this form of email may not be completely secure | YES | 🞎 | NO | 🞎 |
| I consent to appointment reminders being sent via SMS or WhatsApp | YES | 🞎 | NO | 🞎 |

**I have read and understand all of the above and agree to the terms and conditions stated:**

|  |  |
| --- | --- |
| **Name** |  |
| **Signed** |  |
| **Date** |  |

Please sign and date and send by return email and retain a copy for your records

With thanks

Dr Jenny Cropper

Consultant Clinical Psychologist