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**VERDURE PSYCHOLOGY: ASSOCIATE AGREEMENT (TEMPLATE)**

**Dr Richard Jenkinson, HCPC-Registered Clinical Psychologist and Director of Verdure Psychology Ltd.**
**HCPC: PYL37618**
**Company Number: 15019341**

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**This Associate Agreement** is made between Verdure Psychology Ltd. ("the Company") and the undersigned Associate ("the Associate"). The Associate operates as an independent practitioner and agrees to the terms outlined below.

**Associate Details**

Name \*

Profession \*

Indemnity insurance provider and expiration date \*

**Marketing Options**

If the Associate consents to their photo and biography being added to the **verdurepsychology.co.uk** web page, they may email the photo to: info@verdurepsychology.co.uk

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The biography should include information about the Associate’s professional background and therapeutic services e.g. the types of clients/difficulties the Associate specialises in, and preferred therapeutic models. For SEO purposes, this consent should not be identical to other text published online.

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It is essential The Associate informs the company if they are at capacity and no longer accepting referrals so the website can be amended to reflect this.

**1. Working Days & Use of Clinic Space**

* + **TBC**

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**Out of Hours Policy Applies to the business park at the following times:**

* Monday to Thursday: before 8:30 and after 16:30
* Friday: before 8:30 and after 16:00
* Saturday and Sunday: all day
* Public holidays: all day

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*Out-of-hours procedures, including buddy systems, securing premises, and limiting to low-risk clients, must be followed.*

**Professional Requirements for Associates**

* Maintain public liability and professional indemnity insurance.
* Familiarise themselves with (and follow) Health & Safety, Fire, and Lone Working procedures (<https://verdurepsychology.co.uk/policies/>).
* Maintain professional registration and comply with their professional body’s ethical code. Any issues with registration or claims must be reported to The Company immediately.
* Not use the clinic address as their registered office with Companies House.
* Manage all client communications, invoicing, clinical records, and appointments independently.
* Have clients sign a therapy agreement to ensure clarity about roles and responsibilities (template available on request).
* Ensure parking passes are used and visible when parking at the Innovation Centre.
* The Associate accepts full responsibility for all clinical work following client acceptance. Initial phone consultations are optional and non-billable. Clients must be informed that all clinical matters must be addressed directly with the Associate.
* Clinical Supervision: Regular supervision is required. Use of Dr Jenkinson is optional (billed separately at £80 per hour).
* Information Governance: Records must be kept securely in compliance with GDPR standards and the associate must register with the ICO.
* Risk Management: The Associate is responsible for appropriate risk management protocols.
* Quality Assurance: The Associate agrees to periodically seek client feedback and uphold high standards.
* Dispute Resolution: Disputes will first be addressed through mediation or arbitration.
* Termination of Agreement: 30 days’ notice is required for termination by either party unless due to misconduct or loss of registration.
* Representation and Fees
	+ The Associate must not charge a different fee for referred clients
	+ Associates are responsible for their own tax
	+ Financial arrangements must not compromise ethical practice
* Session Reporting and Accuracy: The Associate must keep accurate records about how many sessions they have completed with referred clients. Misreporting may result in termination of this agreement.
* The Associate must disclose and avoid conflicts that could damage Verdure Psychology’s reputation.

**Fees and Payments**

* TBC

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**Included in the Associate Subscription Fee**

* Access to the clinic room and communal facilities during agreed times
* Marketing via the Verdure Psychology website, including a unique personal page
	+ Referrals via the main website incur a 12% session fee commission
* Access to the Business Lounge (Mon–Thu 8:30–16:30, Fri 8:30–16:00)
	+ After-hours access will trigger an alarm (contact: 01904 324444)
* Two free hot drinks per week using the shared office card
* 2 hours of meeting room bookings per month
* Mail can be received at:
[Your Name], Verdure Psychology, Innovation Centre, Innovation Way, Heslington. YO10 5DG
* Use of office equipment (printer, fan, webcam, microphone, speaker, scales, monitor, heating)
	+ Associate provides their own laptop and internet (e.g. tethering)
	+ Broadband access available at extra cost

**Optional Extras**

* Supervision with Dr Jenkinson: **£80/hour**
* Clinical notes/booking system and invoicing support and broadband services: *enquire separately*

**Amendments to the Agreement**

Any changes to this agreement must be confirmed in writing and agreed by both parties.

**Agreement and Signature**

In signing this agreement, the Associate agrees to the terms outlined above.

Associate Signature \*

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**Therapeutic Service Agreement for Verdure Psychology (TEMPLATE)**

**Purpose**

This agreement outlines the terms and conditions under which Dr Richard Jenkinson of Verdure Psychology Ltd. provides psychological assessment and therapy services. By engaging in therapy, you agree to these terms to ensure a safe, effective, and professional therapeutic relationship. Please read this document carefully before commencing therapy. If you have any questions, feel free to discuss them with your therapist.

**Confidentiality and Safety**

**Confidentiality**

In compliance with UK law:

* All information shared in therapy sessions is held in strict confidence.
* Information may only be disclosed:
	+ With your explicit consent.
	+ Legal Obligations: If required by law, such as compliance with a court order or statutory requirement, we may share your information with the relevant authorities.
	+ Insurance Companies: If you are paying for therapy through an insurance policy, we may occasionally provide a brief report to your insurance company (e.g. for the purpose of requesting cover for additional sessions).
	+ Safeguarding and Risk: In situations where there is a significant risk to your safety or the safety of others (e.g., abuse, suicidal ideation, public protection concerns, or potential harm to a child or vulnerable person), we may share information with appropriate parties, such as local safeguarding authorities, your emergency contact, the police or crisis services. Wherever possible, we will discuss this with you beforehand and seek to reach a collaborative decision.
	+ Supervision: Psychologists are required to have regular supervision to discuss their work with another psychologist. This ensures best practice and supports professional development. These discussions are confidential and anonymised.
* If you choose to have a session virtually, this will be conducted via Cliniko's secure Telehealth software. All video calls are secured with end-to-end encryption and meet the same strict privacy and security standards as other Cliniko features (see below). You will receive a link for joining the call via email. These sessions are accessible via a web browser, with no software installation required. Please ensure you have the session in a private place where you will not be overheard

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**Emergency Contact and GP Details**

* You are encouraged to provide an emergency contact or GP details. These may only be used if there is significant concern for your immediate safety and attempts to contact you directly have been unsuccessful. In such cases, we may inform them of our concerns without disclosing detailed clinical information.
* If you do not wish to provide an emergency contact, GP details are required for safety purposes.

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**Crisis Support**

* Verdure Psychology does not operate a crisis service. If you require urgent support between sessions, you can contact:
	+ NHS North Yorkshire & York Crisis Line: 0800 0516 171 (if local to York)
	+ Samaritans: 116 123
	+ Text SHOUT to 85258
	+ Dial 111 (Mental Health Option) or 999 for emergencies.

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*The crisis services listed above are external and not affiliated with Verdure Psychology.*

**Your Data**

**Information We Collect**

We collect personal information necessary for the provision of clinical services, including but not limited to:

* Name, contact details, and date of birth.
* Medical history, therapy session details, and other health-related information.
* Information about relationships, children, and occupation.
* Health insurance details if applicable.
* Information you provide via email, messaging services, or via our website contact forms.

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**Why We Collect Your Information**

We collect and process your personal information for the following purposes:

1. To conduct initial consultations, assessments, and therapy sessions.
2. To administer and improve our services.
3. To communicate with you about appointments and services, including sending reminders.
4. To comply with legal and professional obligations, including record-keeping.
5. To assess and deliver psychological interventions.

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**How We Store Your Information**

Your personal data is securely stored using the following platforms:

* Cliniko: A clinical practice management system with advanced security features, including HTTPS for encrypted data transmission, AES-256 encryption for data at rest, and daily backups.
* Healthcode: If you pay via an insurance policy, essential data (e.g., name, address, D.O.B, policy details) is stored securely via Healthcode (a system private practitioners use to invoice insurance companies). Healthcode complies with ISO/IEC 27001:2013 and employs robust encryption measures and access controls.
* Email Communication: Emails sent to us and from us are stored securely on the servers of our hosting provider (currently ProtonMail) and are accessible via our Microsoft Outlook client. Protonmail encrypts emails in transit but sensitive data (e.g. a therapy progress report) will also be password protected. Emails are retained for up to one year to facilitate communication and for reference. Relevant information from email correspondence may be added to your clinical record, which is stored in our secure practice management system (Cliniko).
* Heidi Health: An AI digital transcription service is occasionally used to draft session summary notes. Heidi Health transcribes key information provided in sessions in real-time. Therefore, there are no voice recordings stored in any location, and the written transcripts are deleted immediately. The clinician amends the draft clinical note and stores this via Cliniko (see above). Heidi Health is GDPR complaint. Their privacy policy can be [viewed here](https://www.heidihealth.com/uk/legal/privacy-policy). Please let us know if you do not consent to this (or any other part of this agreement).

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*All data storage complies with GDPR and UK Data Protection Act 2018 requirements.*

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**Data Retention**

In line with professional regulations, we retain your personal data on Cliniko as follows:

* Adults: For seven years after the last contact.
* Minors: Until their 26th birthday or seven years after the last contact, whichever is later.

If no follow-up appointments are booked within six months of the last contact, your data will be archived, and we will assume you no longer wish to be contacted. Archived data will be deleted in accordance with the timescales referenced above.

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**Your Data Protection Rights**

Under data protection law, you have rights including:

* Your right of access: You have the right to ask us for copies of your personal information.
* Your right to rectification: You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.
* Your right to erasure: You have the right to ask us to erase your personal information in certain circumstances.
* Your right to restriction of processing: You have the right to ask us to restrict the processing of your personal information in certain circumstances.
* Your right to object to processing: You have the right to object to the processing of your personal information in certain circumstances.
* Your right to data portability: You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.

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*You are not required to pay any charge for exercising your rights. You can exercise these rights by contacting us via email or post. If you make a request, we have one month to respond to you. Please contact us at info@verdurepsychology.co.uk if you wish to make a request.*

**Consent for Therapy**

All our treatments rely on informed consent. Therapy will only proceed if you are willing and able to engage voluntarily. We do not work with individuals under coercion or those unable to provide informed consent.

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For young people aged 16–17, consent for therapy is typically presumed unless evidence suggests otherwise. For younger children, parental consent is required, but the child must also agree to participate in therapy.

**Attendance and Cancellations**

* Sessions are scheduled for 60 minutes.
* If you are late, sessions will still end at the pre-agreed time.
* Cancellations with over 24-hours notice can be rescheduled at no additional cost.
* Cancellations with less than 24-hours notice may incur a 50% charge unless there are exceptional circumstances (e.g. illness, family emergency).
* If your therapist needs to cancel (e.g., illness), you will be offered a rescheduled appointment.

**Fees and Payment**

* Each self-funded session costs £120. If paying via an insurance policy, we will invoice the insurer directly after each session. The fee we charge insurers is typically £120 per session. However, there may be variations in fees depending on the agreement we have with the insurance company. You will be informed if we charge a non-standard rate to your insurance provider.
* For self-funders, payment is required prior to each session via the online booking system or following receipt of an invoice.
* Payment details will not be used for any purpose other than processing fees.
* Please note that late payments may incur an additional fee. If payments are consistently missed, Verdure Psychology reserves the right to discontinue services until outstanding balances are settled. We will communicate with you regarding any payment issues to find a resolution before taking further action.

**Therapeutic Process**

* Therapy is a collaborative process requiring your active engagement both during and between sessions.
* Regular attendance is important for progress.
* If therapy is assessed as unsuitable or unsafe (e.g., escalating risk or persistent absences), Verdure Psychology reserves the right to discontinue sessions. This will be discussed compassionately, with onward referrals offered where appropriate.
* It's important to note that therapy outcomes can vary based on individual circumstances. While many clients find therapy beneficial, progress may differ from person to person. Your active participation and commitment are key factors in achieving desired outcomes, and your therapist will work collaboratively with you to support your goals.

**Termination of Therapy**

* You may discontinue therapy at any time but are encouraged to discuss this decision with your therapist to ensure a managed ending. If you do not attend therapy for 6 weeks or more, and do not contact us or respond to our attempt(s) to contact you to within this timeframe, we will assume you have decided to discontinue therapy. We would only make further attempts to contact you if we were concerned about significant risks. In this scenario we might also consider informing your GP.
* Aggressive or inappropriate behaviour, or attending sessions under the influence of drugs/alcohol, may result in immediate discontinuation of therapy.

**Contact Preferences**

* You can choose how confidential information (e.g., therapeutic letters) is shared:
	+ Via email
	+ Via recorded post
* Your contact details will only be used for purposes directly related to therapy and will not be shared for marketing purposes.
* If you wish to change your contact preferences, please notify us in writing. We will update your preferences promptly, typically within 5 working days, and confirm the changes with you to ensure your confidentiality is maintained.

**My details and preferences**

**Informed Consent**

Before signing this agreement, you are encouraged to ask any questions or seek clarification on any aspect of the terms. Your understanding and agreement are essential for a successful therapeutic relationship.

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By signing this agreement, you confirm that you understand and agree to the terms outlined in this document.

Signature \*