

## CLIENT TERMS AND CONDITIONS

You are employing my services, Kus Counselling, to obtain information and guidance to help support your health and well-being. You understand that I am a psychological counsellor, hypnotherapist, and nutritional educator and do not prescribe medical advice or treatment. Instead, I provide education to enhance your knowledge of physical and psychological health related to food consumption, dietary supplementation, behavioral interventions, managing thoughts, and dealing with emotions. My service is not a substitute for the diagnosis or treatment by a medical provider. You understand the intellectual property rights and privacy of all the materials and information provided during this program. You agree to use them for personal (non-commercial) purposes only and will not share, copy, or distribute them to third parties.

### Outcome of session

The agreement to work on the issues presented by you in no way implies or guarantees the resolution of your presenting issue(s). You understand that every person is unique, and it may not be possible to predict how your body will react to supplements or dietary products recommended to you. You agree that it may be necessary to adjust your plan, and you accept that it is your responsibility and decision to follow or disregard nutritional, behavioural, and psychological guidelines.

### Data Protection

You understand that Kus Counselling will keep all documents related to you as a record of our work together. These records will be securely stored following the guidelines of the General Data Protection Regulation (GDPR) for a period of 1 year from the completion of our treatment.

### Liability & Indemnity

Under no circumstances will Kus Counselling be liable for any damages arising out of the advice or information provided to you during professional service. In addition, you agree to defend, indemnify, and hold Kus Counselling harmless from and against any claims, losses, liabilities, damages, and expenses (including legal fees) arising from your participation in the professional services.

### Confidentiality

All contact, including sessions, telephone conversations, emails, and health history divulged to Kus Counselling in or out of session, will be kept strictly confidential except in the following circumstances: where you give permission for confidentiality to be broken, where I am compelled by a court of law, where the information is of a nature that confidentiality cannot be maintained, for example:

- The possibility of harm to yourself or others exists
- In cases of fraud or crime
- When minors (under 18 years old) are involved

You also understand that, at any time, Kus Counselling may discuss aspects of your case with other colleagues, always keeping your full name and identity confidential unless you have given permission otherwise.

## Medical or psychological conditions

I may ask questions about your medical history to establish any contra-indications to treatment. This will also help to assess whether your health is affecting (or being affected by) the therapeutic goals you wish to achieve. If you receive care or treatment from any medical, healthcare, or therapy practitioner, e.g., GP, Psychologist, Psychiatrist, or Counsellor, you may be asked to seek their permission before any therapy sessions can commence. Please note that I cannot offer my professional services if you suffer from epilepsy or any form of psychosis.

## Standard of behaviour

During the course of any therapy/counselling sessions, I will treat you with respect and not abuse the trust you place in me. In return, you undertake not to harm yourself or any other person, including me, or any property belonging to either me or any other person. If you do attend any sessions under the influence of alcohol or recreational drugs or demonstrate violent or abusive behaviour, I will cancel the session and may refuse to see you for any further sessions without refunding any payment already made.

## Hypnotherapy recordings

Hypnotherapy recordings should not be listened to while driving, operating machinery, or undertaking any other activity where concentration is required. Any recording provided is for your personal use only and must not be shared, lent, copied, or sold under any circumstances.

## BOOKING & PAYMENT

### Free initial consultation

You may be offered a free 20-30 minute online initial consultation. This initial consultation aims to discuss your situation and determine whether my service will likely be helpful. No therapy will be provided during the consultation.

### Session Fees

All professional fees will be disclosed to you before booking. My professional prices are subject to review and may increase occasionally. No deposit is required. However, agreed payment must be made at least 24 hours before the scheduled session unless agreed differently. Where payment is not received 24 hours before your session, the session may be cancelled and offered to someone else.

### Payment Methods

Payment may be made online via IBAN CH89 0078 7785 3505 8267, TWINT +41767798818, PAYPAL™ eli.kus@kuscounselling.ch, or cash for in-person sessions with prior agreement.

### Cancellation & rescheduling

Please provide as much notice as possible if you need to cancel or reschedule a session. Notification must be made at least 48 hours before an in-person or 24 hours before an online session.

### Refunds

No refunds will be issued for cancellations within 48 hours of in-person or 24 hours of online sessions. Otherwise, a 100% of refund if cancel appropriately. Session fees are for my time and professional expertise and do not guarantee a successful outcome. Therefore, no refunds will be given for any sessions you have attended and paid for.

## STATEMENTS OF UNDERSTANDING

By signing the Client Agreement, you agree to abide by the terms and conditions of the Client Agreement. You also agree with the statements below:

I confirm that Kus Counselling has advised me of the scope of the therapies they provide and give my full consent to receiving therapy sessions from Kus Counselling.

If Kus Counseling advises me to seek medical approval before or after any therapy sessions, I will consult with my GP, hospital consultant, and other healthcare professional.

I have been advised that I am free to terminate any or all sessions.

I understand that my level of motivation is vital in the therapy process, and I agree to always participate to the best of my ability, including making reasonable use of therapeutic suggestions during and between sessions, listening to MP3 recordings, and carrying out other therapeutic tasks as appropriate.

I answered questions accurately and truthfully and provided background information during the initial consultation and therapy session. I will continue to do so during subsequent therapy sessions.

Full Name:

Signature:

Date: