AGREEMENT - GESTALT THERAPY

When you sign this agreement, you have entered into a collaboration with me regarding gestalt therapy on the following conditions:

MEMBERSHIP: I am a member of the Norwegian Gestalt Therapist Association (MNGF). Among other things this means I am obliged to receive supervision on my work. You are encouraged to read more about gestalt therapy and the association at www.ngfo.no.

COMPLAINT: As a member, I am obliged to carry out my activities in accordance with the ethical principles for gestalt therapists MNGF and the laws, regulations and rules that apply at all times in Norway. If you believe that I have acted in an unethical manner, you can complain to the Norwegian Gestalt Therapist Association.

CONFIDENTIALITY: I act loyally with my clients and observe the duty of confidentiality. The duty of confidentiality also applies in connection with supervision and after the therapy has ended. Only you, or the person with parental responsibility for minors, can give consent for information subject to confidentiality to be given to others. According to the Criminal Code, the duty of confidentiality can be breached if a person's life or health is in danger, or a person is a danger to the life or health of others.

DOCUMENTATION: I write a journal. I store personal data about you and am therefore subject to Norwegian privacy legislation. See the privacy statement on the "Therapy" page at www.Vikram.no

PAYMENT: NOK 1,250/60 minutes for individual therapy, individual supervision or teaching. NOK 1900/60 minutes for couples therapy. In group supervision/courses (up to 4 people) it costs NOK 700 for 30 minutes per person. Sessions are agreed for one semester (autumn, spring) at a time, and the total sum must be paid in full and is not refundable. The invoice is sent by e-mail. The price can be adjusted with 3 months' notice.

COMMUNICATION: Any communication between classes, which contains sensitive information, must take place per letter, over the phone or via an encrypted channel.

**The client's contact details**

Name:

Date of birth:

Address:

Phone number:

Email:

**Consent**

Consent can be withdrawn at any time by giving direct notice.

[ ] I consent to communication via SMS.

The purpose of this consent is primarily to be able to ask questions or give messages in connection with appointments, such as changes, cancellations, delays etc., and does not apply to marketing of any kind. The messages must not contain sensitive information.

[ ] I consent to communication via e-mail.

The purpose of this consent is primarily to administer time agreements. E-mail must not contain sensitive information.

[ ] I consent to contact with my GP.

The purpose of the contact is for the doctor to be informed that you are undergoing gestalt therapy and, if appropriate, that we work together to provide you with the best possible treatment offer.

Doctor's name:

Telephone number:

[ ] I consent to contact with the person receiving the claim for payment of the therapy.

The purpose of the contact will be exclusively to convey information regarding the payment of booked hours.

Payer's name:

Address:

[ ] The client is under 16 years of age, and both parents or other guardians give consent to gestalt therapy.

Mother:

Father:

Other guardian:

Clients over the age of 12 have the right to be respected when they do not want information to be given to parents/guardians. Information that is necessary to fulfill parental responsibility must nevertheless be provided if the client is under 18 years of age.

Place Date

Client signature

Vikram Kolmannskog