LIVING COMPASSION

Client Agreement

Informed Consent, Safety & Mutual Respect

Harsha (Sheena) Grewal
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www.livingcompassion.life

Your details

Full name | Date of birth

Address

Phone | Email

Your GP and emergency contact

Used only if your practitioner is seriously concerned for your safety (see sections 11 and 14).

GP name | GP surgery and phone

Emergency contact name | Relationship to you | Phone

Practical arrangements

To be completed together at the first session.

Agreed service(s) | Session length | Online / in person

Fee per session (£) | Payment due | Notice to cancel or rearrange

Late cancellation or missed session charge | Date of agreement

Our shared commitment to safety, compassion and respect

At Living Compassion, we aim to create a compassionate, respectful and supportive environment in which clients can explore their experiences, emotions, thoughts and physical sensations at their own pace.

Our work may include trauma-informed therapeutic approaches, somatic practices, breathwork, yoga, mindfulness, Emotional Freedom Technique (EFT), clinical hypnotherapy, approaches drawn from Cognitive Behavioural Therapy (CBT), emotional awareness and other agreed wellbeing practices, depending on the service booked.

This agreement sets out the principles, responsibilities and boundaries that guide our work together. Its purpose is to support physical, emotional, psychological and relational safety while respecting each client's dignity, autonomy and individual needs.

We recognise that therapeutic work can sometimes bring up difficult emotions, memories or bodily sensations. Although every reasonable effort will be made to minimise foreseeable risks, no practitioner can guarantee that therapy will be free from discomfort, unexpected reactions or harm.

This agreement does not replace professional assessment, appropriate clinical care, safeguarding procedures or emergency services. In this agreement, “I” and “my” refer to the client, and “my practitioner” refers to the practitioner named above.

1. Informed Consent and Voluntary Participation

I understand and agree that:

1. My participation in therapy is voluntary. I am choosing to engage in the services offered by Living Compassion.
2. I have the right to ask questions about the therapeutic approach, its purpose, possible benefits, foreseeable risks and alternatives before deciding whether to participate.
3. My practitioner will explain the nature of the proposed practices in language I can understand.
4. I may decline any exercise, technique, question or therapeutic intervention without being judged, pressured or shamed.
5. I may pause or withdraw my consent at any point, including during a session.
6. My consent to one technique does not automatically constitute consent to every technique used in therapy.
7. I may request an alternative approach, a slower pace or additional support.
8. Therapeutic outcomes cannot be guaranteed and progress varies from person to person.
9. I confirm that I am aged 18 or over. Work with anyone under 18 requires a separate agreement involving a parent or guardian.

Signing this agreement does not remove my legal rights or prevent me from raising concerns or making a complaint.

2. The Right to Stop: Personal Agency and Choice

My sense of safety, dignity and personal autonomy are central to the therapeutic process.

I agree to communicate, as far as I am able, if I feel uncomfortable, overwhelmed, frightened, dizzy, distressed, disconnected or physically unwell.

I can use words such as “stop”, “pause” or “I need a break” at any time. I may also communicate discomfort through gestures or other agreed signals if speaking becomes difficult.

My practitioner agrees to take my concerns seriously, respond appropriately and help me return to a manageable level of comfort before deciding whether to continue.

I will not be expected to relive traumatic experiences, disclose personal information or continue an exercise against my wishes.

3. Emotional and Psychological Safety

Therapy may involve exploring emotions, relationships, memories, beliefs, life experiences and patterns of behaviour. This may sometimes bring temporary emotional discomfort, including sadness, anger, anxiety, fear, vulnerability or uncertainty.

I agree to:

- Share only what I feel ready and willing to share.
- Communicate when I feel overwhelmed or need additional support.
- Respect my own emotional limits and allow myself time to process experiences.
- Seek appropriate additional support when my needs extend beyond the services provided.
- Tell my practitioner about significant changes in my wellbeing that may affect the safety or suitability of our sessions, including any thoughts of harming myself or ending my life.

My practitioner agrees to work within their competence, respect my pace, monitor my responses and adapt or stop an intervention when it is appropriate to do so.

Therapy does not require me to revisit every painful memory or disclose every traumatic experience.

If a therapeutic approach appears unsuitable or my needs exceed the practitioner's scope of practice, we may discuss pausing the work, seeking medical advice or arranging a referral to a more appropriate service.

4. Trauma-Informed Practice and Nervous System Safety

Where trauma-informed methods are used, my responses may vary from session to session. I may experience changes in breathing, muscle tension, emotional intensity, attention, bodily sensations or my sense of connection to my surroundings.

These responses do not necessarily indicate that I am making progress, and I will not be encouraged to push through distress to achieve a particular therapeutic outcome.

I agree that:

- I may choose how much of my experience I wish to explore.
- I will not be pressured to disclose traumatic events.
- I can ask to orient to my surroundings, open my eyes, change position, take a break or stop an exercise.
- I will inform my practitioner, whenever I can, if I feel detached, disoriented, numb, panicked or unable to remain present.
- I will seek additional professional support if I experience persistent or worsening distress outside sessions.

My practitioner agrees to prioritise stabilisation, grounding and appropriate support rather than emotional intensity or catharsis for its own sake.

5. Breathwork and Breathing Practices Safety

Where breathwork is included, different breathing techniques can affect people differently. Gentle practices and more intensive or rapid techniques may carry different risks. Possible reactions include dizziness, tingling, anxiety, breathlessness, palpitations, faintness or emotional distress.

Before participating, I agree to disclose relevant health information and discuss any concerns that may affect my suitability for a particular practice. I will tell my practitioner if I have relevant medical conditions, a history of fainting or seizures, significant cardiovascular or respiratory problems, am pregnant or may be pregnant, have recently undergone surgery, or have another condition that could affect safe participation. This list is not exhaustive. Some conditions may require medical advice, modifications or exclusion from particular techniques.

I agree to:

- Practise only techniques that have been explained and agreed upon.
- Avoid forcing, straining, holding or accelerating my breath beyond the agreed instructions.
- Tell my practitioner immediately if I experience concerning symptoms, and stop the exercise if I feel unwell or unsafe.
- Never practise an intensive breathwork technique while driving, in water, standing in an unsafe location or in any other setting where faintness or impaired awareness could cause injury.
- Follow any safety instructions specific to the technique being used.

My practitioner agrees to select techniques appropriate to their training and my circumstances, explain relevant risks, offer suitable modifications or alternatives, and stop or adapt the practice if safety concerns arise. Breathwork is not a substitute for medical assessment or treatment.

6. Somatic Yoga, Movement and Physical Safety

Where yoga, stretching, movement or body-based practices are included, my physical abilities, mobility, balance and comfort may vary.

I agree to:

- Work within my comfortable range of movement and avoid forcing stretches or movements.
- Tell my practitioner about pain, dizziness, instability or physical discomfort.
- Use appropriate clothing, space and equipment, and follow relevant instructions for safe movement.
- Stop if I experience concerning symptoms.

My practitioner agrees to offer modifications appropriate to the service and their competence, while respecting my physical limitations. During online sessions, I am responsible for making my practice area as safe as reasonably possible. I will not be expected to perform a movement that feels unsafe or unsuitable.

7. Consent to Touch and Physical Boundaries

My practitioner will respect my personal space and bodily autonomy. No physical contact will take place without my explicit, freely given consent for that particular contact. I may refuse touch or withdraw my consent at any time, without having to explain my decision. Consent to one form of contact does not imply consent to another.

Where a service does not require touch, no touch will be used as part of that service. My practitioner will maintain clear professional boundaries and will never use physical contact in a sexual, coercive, exploitative or otherwise inappropriate manner.

8. EFT, Hypnotherapy, Mindfulness and Other Practices

Where EFT, clinical hypnotherapy, mindfulness, meditation, visualisation, CBT-based techniques or similar approaches are offered, these may bring attention to uncomfortable thoughts, emotions or bodily sensations. I may decline to focus on a particular memory, belief or subject, and I can ask to change the focus, return to grounding or stop the practice.

During hypnotherapy, I remain aware and able to stop at any time, and I will not be asked to do anything against my wishes. Hypnotherapy may not be suitable for people with certain mental health or neurological conditions (for example, psychosis or some seizure disorders), so I agree to tell my practitioner about any such condition before it is used.

These methods are not guaranteed to resolve trauma, mental health difficulties or physical health conditions, and they do not replace appropriate medical or psychological care. My practitioner agrees to explain relevant techniques, work within their competence and respect my choices.

9. Medical Information and Suitability for Therapy

I agree to provide accurate and relevant information about circumstances that may affect the safety or suitability of the services I receive. This may include:

- Relevant medical conditions or physical limitations.
- Current medication or recent medication changes, where relevant to safe participation.
- Pregnancy, where relevant to the proposed practice.
- Relevant mental health difficulties, including any current or past thoughts of self-harm or suicide, or significant changes in my wellbeing.
- Previous adverse reactions to breathwork, meditation, hypnosis, movement or similar practices.
- Any current circumstances that may make participation unsafe or require additional support.

I may ask why particular information is requested, and I agree to update my practitioner if relevant circumstances change.

My practitioner may ask further questions, adapt the session, recommend medical advice, postpone an intervention or decline to provide a particular service when this is necessary for safety or falls outside their competence. My practitioner does not replace my GP, psychiatrist or other qualified healthcare professional.

10. Mutual Respect and Non-Coercion

Living Compassion is committed to a therapeutic relationship founded on compassion, respect, honesty, dignity and personal responsibility. Both practitioner and client agree to contribute to a respectful working relationship.

I agree to:

- Treat my practitioner and others involved in the service respectfully.
- Communicate concerns without threats, intimidation or abusive behaviour.
- Respect agreed appointment arrangements and professional boundaries.
- Refrain from harassment, discrimination, violence, threats or sexual misconduct.
- Respect the privacy of other participants during group sessions.

My practitioner agrees to:

- Treat me with dignity, fairness and respect.
- Avoid coercion, intimidation, humiliation, discrimination or exploitation.

- Respect my right to disagree, decline an intervention or end the therapeutic relationship.
- Maintain appropriate professional boundaries and never enter into a sexual or exploitative relationship with a client.
- Be transparent about their qualifications, methods, limitations and relevant professional arrangements.
- Take reasonable steps to prevent foreseeable harm and respond appropriately when concerns arise.

Neither party should use therapy to threaten, manipulate, control, shame or exploit the other. This mutual commitment does not prevent either party from seeking help, reporting misconduct, raising concerns or exercising their legal rights.

11. Confidentiality and Its Limits

Information shared during therapy will be treated confidentially in accordance with applicable law, professional obligations and the Living Compassion privacy notice. My practitioner will not share information about me with my family, partner, employer or anyone else without my consent, except in the circumstances below.

Confidentiality may have limits where:

- Disclosure is required by law.
- There is a serious and credible concern about the safety of myself or another person, including a risk that I may end my life.
- Safeguarding concerns require information to be shared with appropriate services.
- Disclosure is otherwise legally permitted and ethically justified.
- My practitioner discusses our work with a professional supervisor, in which case my identity will be protected as far as possible.

Where appropriate and safe, my practitioner will discuss a proposed disclosure with me first. In some circumstances, prior discussion or consent may not be possible. Only information reasonably necessary for the purpose will be shared.

Confidentiality cannot be promised in every circumstance. I agree to respect the privacy of my practitioner and any other clients, particularly during group sessions. Confidentiality does not prevent me from seeking independent advice or making a lawful complaint.

12. Professional Boundaries and Appropriate Contact

The therapeutic relationship is a professional relationship designed to support the agreed aims of the service. My practitioner will maintain appropriate boundaries concerning personal contact, communications, self-disclosure and any additional services.

I agree to use the agreed communication channels and respect the practitioner's stated availability. Messages sent outside appointments may not be seen immediately, and my practitioner cannot provide emergency support between sessions. I will not rely on my practitioner as my only source of emotional, medical or crisis support.

My practitioner will explain any relevant policies on contact between sessions, referrals, complaints and the ending of therapy.

13. Online Therapy and Remote Sessions

Where sessions take place online, additional precautions are needed to protect privacy and safety.

I agree to:

- Attend from a reasonably private, safe and comfortable location, using a suitable device and internet connection.
- Avoid participating while driving or doing another activity that could create a safety risk.
- Tell my practitioner if someone enters the room or I cannot speak freely.
- Avoid recording, photographing or sharing sessions without the other party's explicit agreement.
- Avoid breathwork or movement practices in an unsafe physical environment.

My practitioner will explain what will happen if the connection fails or an urgent safety concern arises. At the start of an online session, I may be asked to confirm my current location so that help can be sent if needed. Online communication carries some privacy and technical risks, despite reasonable precautions.

14. Crisis Situations and Immediate Safety

Living Compassion is not an emergency or crisis service. If I am in immediate danger, experience a medical emergency, or believe I may seriously harm myself or someone else, I agree to seek urgent help rather than waiting for my next session.

Getting urgent help	
999 or A&E	If life is at immediate risk, or someone has already been harmed.
NHS 111, option 2	Urgent mental health support, 24 hours a day (England and Wales). In Scotland, call NHS 24 on 111.
Samaritans: 116 123	Free, confidential, any time of day or night.
Shout: text 85258	Free, confidential text support, 24 hours a day.
Your GP	Ask for an urgent appointment if you are struggling.

If I tell my practitioner that I am having thoughts of ending my life, we will talk about it openly and, where appropriate, agree a written safety plan together. My practitioner may encourage me to contact my GP or crisis services, and may help me to do so during the session.

My practitioner may take reasonable and proportionate steps to address an immediate safety concern, including contacting emergency services, my GP or my emergency contact where justified. My practitioner may also recommend additional or alternative support if my needs require a level of care beyond the service offered.

15. Safeguarding and Protection From Abuse

Safety concerns involving children, young people or adults at risk may require additional assessment or safeguarding action. My practitioner will follow applicable legal obligations, safeguarding procedures and relevant professional guidance.

If information suggests that I or another person may be at serious risk, appropriate steps may be taken to help protect those affected. Where lawful and appropriate, information will be shared with relevant safeguarding services or other professionals who can help. The limits of confidentiality described in section 11 apply to safeguarding situations.

16. Personal Responsibility and Support Between Sessions

My wellbeing may need care and attention outside sessions.

I agree to:

- Notice how I feel after sessions and allow time for rest or reflection when needed.
- Avoid an intensive practice immediately before an activity that requires full concentration if I feel unsettled or unwell.
- Seek appropriate medical or mental health support if I experience concerning or persistent symptoms.
- Use agreed grounding or self-regulation practices only when they feel appropriate and safe.
- Tell my practitioner if a practice has caused an unexpected or concerning reaction.

I am not required to manage difficult experiences alone and may ask for appropriate support. My practitioner will discuss reasonable follow-up arrangements where appropriate, but ongoing availability or emergency support is not implied unless explicitly agreed.

17. Scope of Practice and Referral

The services provided are limited to the practitioner's stated qualifications, training, experience and professional competence. My practitioner does not provide medical diagnosis, prescribe medication or replace specialist medical or psychiatric treatment.

I agree to seek advice from an appropriate healthcare professional when needed. My practitioner may recommend referral, additional support, a different therapeutic approach or the temporary suspension of sessions if this is in my best interests or necessary for safety.

18. Records, Data Protection and Privacy

My practitioner keeps brief records of sessions, relevant health information, consent, agreed plans and any safety concerns. Some of this is health information, which is a special category of personal data under UK data protection law (the UK GDPR and the Data Protection Act 2018). It will be stored securely, used only to provide safe and appropriate care, and not shared except as described in this agreement.

Records are normally kept for seven years after our work ends and then securely destroyed, unless a longer period is required by law. The Living Compassion privacy notice explains the lawful basis for processing, retention, my rights (including the right to see my records) and how to raise a concern, including with the Information Commissioner's Office (ICO).

Session recording, photography or use of identifiable session material for publicity, teaching or any other secondary purpose requires my separate, written consent. Signing this agreement does not give that permission.

19. Fees, Missed Sessions and Cancellation Rights

Session fees, session length and the notice needed to cancel or rearrange an appointment are set out in the Practical Arrangements box on the front page. Late cancellations and missed sessions may be charged as stated there.

If I book sessions online, by phone or by email rather than in person, I may have a legal right to cancel within 14 days under the Consumer Contracts (Information, Cancellation and Additional Charges) Regulations 2013. If I ask for sessions to begin within that 14-day period, I may be asked to pay for any sessions already received. These arrangements do not affect my statutory rights.

20. Concerns, Complaints and Reporting Harm

I can raise concerns about my treatment, the methods used, professional boundaries or my experience of the therapeutic relationship. I am encouraged to raise them with my practitioner first, who agrees to listen respectfully and respond in writing where requested.

If I am not satisfied, or would prefer not to raise it directly, I may contact the practitioner's accrediting body, the International Practitioners of Holistic Medicine (IPHM), seek independent advice, or contact any relevant authority. Signing this agreement does not prevent me from reporting misconduct, seeking legal advice or exercising any statutory rights.

21. Ending or Pausing Therapy

I may pause or end therapy at any time, subject to the practical arrangements on the front page. Where appropriate, my practitioner will discuss the ending of therapy, any further support needs and referral options.

My practitioner may also pause or end the work where this is professionally or ethically appropriate, where the service is no longer suitable, or where safe and effective work cannot reasonably continue. Where possible, this will be discussed with me, and reasonable notice and referral information will be provided.

22. No Guarantee of Outcome, Your Rights and Governing Law

Therapy and wellbeing practices involve individual experiences, and specific results cannot be guaranteed. Foreseeable risks and limitations have been discussed with me or made available to me, and I have had the opportunity to ask questions. I remain responsible for my decisions about participation and may decline or stop an exercise.

This agreement is intended to support informed consent, safe practice and mutual respect. Nothing in it excludes or limits any liability that cannot lawfully be excluded or limited (including liability for death or personal injury caused by negligence), removes my legal rights, or releases the practitioner from their professional or legal responsibilities.

If any part of this agreement is found to be unenforceable, the rest remains in effect. This agreement is governed by the law of England and Wales.

23. Client Declaration and Consent

Please read each statement and tick the box to confirm. I confirm that:

- ☐ I have read and understood this agreement and had an opportunity to ask questions.
- ☐ I understand the nature and limitations of the services being offered.
- ☐ I understand that participation is voluntary and that I can decline or stop an intervention at any time.
- ☐ I understand that different therapeutic approaches may carry different risks, and that relevant risks will be discussed before a practice is used.
- ☐ I agree to disclose relevant information that may affect the safety or suitability of my participation.
- ☐ I understand the limits of confidentiality, including safeguarding and emergency circumstances.
- ☐ I understand that Living Compassion is not a crisis service, and I know how to get urgent help (section 14).
- ☐ I agree that, if my practitioner believes my life or safety is at serious risk, they may contact my GP and/or emergency contact named on the front page.
- ☐ I consent to my practitioner recording and securely storing the health information I share, for the purpose of providing safe care (section 18).
- ☐ I understand that online sessions require additional privacy and safety precautions where applicable.
- ☐ I understand that the practitioner will work within their stated scope of practice and may recommend referral or alternative support where appropriate.
- ☐ I understand that this agreement does not guarantee a particular outcome or remove my legal rights.
- ☐ I consent to take part in the agreed therapeutic services, subject to the ongoing consent and safety principles in this agreement.

Client signature

Client's full name	Signature	Date

Practitioner declaration

I confirm that I will take reasonable steps to provide the agreed service with care, respect, appropriate professional boundaries and due regard for the client's safety, informed consent and autonomy. I will work within my competence, explain relevant risks and limitations, respect the client's right to stop, and respond appropriately to safety or safeguarding concerns.

Practitioner's full name	Signature	Date
Harsha (Sheena) Grewal		

A copy of this signed agreement will be given to the client.

Additional information

For the practitioner and client to complete together, and review as the work continues.

Agreed therapeutic approach or service

Relevant adaptations or safety considerations discussed

Safety plan, where agreed (warning signs, things that help, people to contact, crisis numbers)

Further information or referrals agreed