

Counselling Contract

This contract states our responsibilities for the time we engage together in counselling. It is a mutually agreed contract between:

Amanda Sives, Counsellor and _____,

About you

Name: _____

Address: _____

Phone number: _____

Email address: _____

If you are currently taking medication in relation to your psychological health can you please write down the name and dose in the space below.

The aim of our work

This contract is to help you understand the counselling process, its limitations and boundaries. The aim of counselling is to provide an opportunity for you to work towards living in a way that is more satisfying and resourceful. I will provide a confidential, non-judgemental, safe space for you to explore your thoughts and feelings with the aim of assisting your learning, healing, understanding and growth. It is a process in which we work together. I will not tell you what to do but will instead help you to discover your solutions/and or way forward.

Confidentiality and Data Protection

Our work together is confidential. It will only be breached in specific circumstances, namely, if there is evidence of harm to self or others and in compliance with the law (Terrorism Act 2000, Drug Trafficking Act 1994, Proceeds of Crime Act 2002, Money Laundering Regulations Act 2007, Road Traffic Act 1991, Serious Crime Act 2007 and a specific Court Order). In addition, I have monthly supervision with a qualified supervisor which provides me with assistance and guidance. In these sessions, client work may be discussed but no individual names will be mentioned.

I will keep brief notes of our sessions within which no individual names will be mentioned. In line with GDPR requirements, all hard copy personal data will be stored in a locked filing cabinet, and all electronic data will be password protected. All personal data will be stored for three years after the end of the counselling relationship, after which time they will be disposed of securely. Hard copy data will be shredded and electronic data will be deleted from all devices. You can access information about my GDPR policy on my website: <http://www.safehavencounselling.org.uk/>

I have asked a trusted colleague and qualified counsellor Sue Shortt to contact you in the event that I am incapacitated by a serious, sudden illness, accident or death.

Our sessions

Each session lasts for 50 minutes and it will take place at a mutually agreed time. Whilst our counselling is open-ended, periodic reviews of our work together may occur at mutually agreed times. The cost of our sessions is £50.00 per 50 minute session. Please note that I require 24 hours notice of a cancellation. If the cancellation is made after this time, there will be a late cancellation fee of the full session cost.

Ethical Standards

I am an accredited member of the British Association of Counselling and Psychotherapy (BACP) and I work to their ethical standards. A copy of these standards can be found on the BACP website at: www.bacp.co.uk. I am also fully insured and I am registered with the Information Commissioner's Office (registration no. ZA161921)

G.P. / Next of Kin or Friend contact details

Please can you provide details of your G.P., your next of kin or friend. They will only be contacted if I have concerns about your safety or harm to others.

Name of G.P. _____

Address: _____

Phone number: _____

Next of Kin: _____

Relationship: _____

Address: _____

Phone number: _____

Please tick to confirm what formats you agree for Safe Haven Counselling to contact you:

Text

Phone call

Email

Zoom

Your privacy and confidentiality are important and I will never use your information for any purpose other than that to which you have explicitly consented in this contract. You may withdraw your consent at any time by getting in contact with me via 07973 443916 or via email: amanda@safehavencounselling.org.uk.

I have read, understood and agree with the terms and conditions of this contract, I have access to GDPR information and, if relevant, I have received the accompanying remote working policy.

Signature of Client: _____

Date: _____

Signature of Counsellor: _____

Date: _____