

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 and remains within our counselling room. 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. 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.

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.

Fees

The fees for each session will be £.....

This can be paid by cash, cheque or via bank transfer at the end of the session.

Cancellations / Holidays

If you need to cancel one of our sessions please give me 24 hours notice. If you are unable to let me know 24 hours in advance I will charge half of our agreed fee for the session. I will also give you 24 hours notice if I need to cancel a session. I will give you two weeks notice of any holidays I intend to take. I require two weeks notice of any holidays you intend to take.

Ethical Standards

I am a 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: _____

I have read, understood and agree with the terms and conditions of this contract.

Signature of Client: _____

Date: _____

Signature of Counsellor: _____

Date: _____