**Remote 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 will not record any sessions without your full consent and I will ask that you also do not record the session in line with our dual responsibility to work in a confidential and safe manner.

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 £40.00 per 50 minute session.

**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](http://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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next of Kin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 I have received the accompanying remote working policy.

Signature of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_