**Contract Between**

 Counsellor and \_\_\_\_\_(Client name)\_\_\_\_\_\_\_\_

 **Counsellor responsibilities**

• To be available at the agreed time

• To start and end on time

• To offer a quiet, appropriate and undisturbed space

• To maintain safe, professional boundaries

• To regard all contact and information as confidential unless he/she has reasonable doubt concerning actual safety of the client or others

• To encourage client autonomy

• To work within the BACP/NCS Ethical Framework (available upon request) including regular supervision

 • To review therapeutic work and relationship regularly

• In the unlikely event of the therapist cancelling, an alternative appointment is offered ASAP **Client responsibilities**

• To attend punctually

• To give a minimum of 24 hours notice when cancelling/changing an appointment (or the full fee becomes payable)

• To pay for the session in full before booking.

• Communicating with the therapist outside agreed counselling sessions to be limited to making, changing or cancelling an appointment unless by prior arrangement.

• To agree to give permission to contact GP if the therapist has serious concerns about risk to self (client) or others

• To discuss with the therapist when you feel you are ready to end therapy

 • To let the therapist know if you are in or are considering entering another therapeutic relationship.

**Complaints**

If you feel you are not getting the service you need, I want to hear about your concerns so I can offer the best possible service. If you can please speak to me directly.

I am a member of the NCS & BACP. They operate a complaints procedure and can be contacted at <https://www.bacp.co.uk/> & https://nationalcounsellingsociety.org/

Signed Client………………………………………….. Date…………………………… Signed Counsellor…………………………………….. Date……………………………

**What the therapist offers**

What is on offer is the counselling of a person-centred humanist nature. This means you are empowered to discover solutions to issues in a supportive environment. As a counsellor, I offer you my honesty and respect while we explore issues you feel you would like to bring to counselling at the times that we have agreed.

**Confidentiality**

There are boundaries and limits to confidentiality in certain cases.

Confidentiality may be broken if:

• You or others are, in the opinion of the therapist, seem to be in danger or at serious risk of being harmed

• The therapist is required to do so by subpoena (Court order or instructions from a coroner)

• The client infers involvement in or knowledge of an act of terrorism or of money laundering

• The client infers knowledge of or involvement in drugs trafficking

• The client infers knowledge of or involvement in behaviours that may, in the therapist’s opinion, lead to harm or neglect to children and vulnerable adults

**Supervision and confidentiality**

I monitor my own practice by attending regular supervision for myself and am committed to my own self-development. There are times when aspects of our sessions will be taken to supervision to monitor my practice; at no time will your name or any identifiable information be mentioned and my supervisor is also committed to our contracted confidentiality.

**Records of sessions**

I keep notes relating to our sessions, which are available to you upon request.

 **Contacting you**

I will contact you if necessary e.g. to re-arrange an imminent appointment. Where and how would you prefer I contact you in this unlikely event?

………………………………………………………………………………………………

Should you not attend on time, would you like me to contact you? If so, how? …………………………………………………………………………………………………

**If we are cut off for any reason on a video call I would endeavour to phone you and if that fails communicate via messages for the remainder of the session if appropriate.**

**Contacting the therapist**

You may use this telephone number to reach me at 07513090334 or send an email to samantha.love1@btinternet.com.

It is possible to leave a voice mail on my phone so if I am unable to answer, leave a message, email or send a text and I will get back to you as soon as I can.

 **Non-attendance**

Should you cancel within less than the 24 hours notice agreed, or fail to attend an appointment, the full session fee will be charged.

Where did you hear about my service?...........................................................

 **Client Contact Details**

Name:

Address:

Telephone:

Email:

GP Name:

Address of Medical Practice:

 **GDPR Statement**

Under the General Data Protection Regulations 2018, you have certain rights. These are: • You are allowed to see your notes. This is facilitated by making a formal request. • Records are kept for 7 years after termination of therapy and then destroyed.

Having your records amended (*change of name and address*)

• In the case of clients under 18, records are kept for 7 years after the child turns 18.

**Erasure of Data (exclusions)**

Under GDPR you can request your data be erased. However, there are exceptions to this.

In the case of counselling records, insurance companies and ethical bodies ask for records to be available for the period of time as outlined above.

By signing this document, you are agreeing to having your records kept for 7 years after the termination of therapy.

In the case of young people, up to the age of 25 years old for a minor (18+7).

I agree to the above.

 Signed…………………………………….. Print name………………………………..