

Counselling Contract Form

This contract is between Annie Rivers, Counsellor and _____ Client

Dated: _____

Client's Address: _____

Postcode: _____

Phone Number(s): _____

Email: _____

GP / Surgery: _____

The Coach House Suites
Rumwell Hall
Rumwell
Taunton
Somerset
TA4 1EL
United Kingdom

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The counsellor

I am a BACP Accredited Counsellor (British Association for Counselling and Psychotherapy). I am bound by its code of ethics and practice and subject to its complaints procedure. I am also a UKRC Registered Independent Counsellor.

I work mainly as a person-centred counsellor but integrate other approaches when appropriate and helpful. Person-centred therapy is based on the philosophy that each human being is of value and has the potential for psychological change, growth and increased personal fulfillment. I will seek to establish a safe 'therapeutic relationship' with you in order to help resolve whatever troubles you, and work toward finding a better way forward in your life.

Confidentiality and Records

The content of the sessions are confidential to you and me. I will need to discuss my work with my supervisor and peer supervision group. I will use your first name but not use any other identifying details about you. On very rare occasions if we discover there is a need to communicate with other professionals, this will only happen by first seeking your permission and knowledge of what is going to be discussed. I make brief notes after each session this helps me monitor my work. You will not be identified from these records and they are securely stored.

If I believe you will cause serious physical harm to yourself or another person then I will not be able to retain confidentiality and will need to inform my supervisor and your doctor. Confidentiality would be broken in the event of a breach of national security.

I am committed to offering good practice. My insurance includes personal indemnity and public liability. If you are unhappy with the service you can contact the British Association of Counselling and Psychotherapy on 0870 443 5252.

Sessions and Fees

Sessions will be for 50 minutes every week/fortnight (unless agreed otherwise). The fee for your session will be £40. We have agreed to meet for _____ sessions or have agreed to leave the ending open so you can cease counselling when you feel ready. . If you wish to cease counselling, you may do so at any time, but I ask that we meet for at least one session following your decision. This is deemed important and necessary in order to have a proper ending.

This contract means that you have agreed to pay for the counselling.

Cancellation

I require at least **48 hours'** notice if you wish to cancel a session. If less than 48 hours' notice of cancellation is given by you (unless in an emergency) the full fee will be payable at the next session

In the event of my not being able to give you your session because I am unwell, I will give you as much notice as possible and offer you an alternative time.

I will not see you if you are under the influence of alcohol and / or drugs whether for health and / or therapeutic reasons.

PLEASE READ THIS CONTRACT CAREFULLY

Check it is what we have agreed together today. If you wish to negotiate any changes I will be happy to do so before you sign. This agreement is fully understood and agreed to and is signed as it stands by:

Name:: _____ Client

Name: _____ Counsellor Annie Rivers

Date: _____

