

### Counselling Contract Form

This contract is between Stephanie Groves, Counsellor and \_\_\_\_\_, Client.

Dated: \_\_\_\_\_

Client's Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

GP / Surgery: \_\_\_\_\_

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### The Counsellor

I am a UKCP (United Kingdom Council for Psychotherapy) Registered Psychotherapist and Counsellor, and I am bound by their code of ethics and practice. You can contact them at [www.ukcp.org.uk](http://www.ukcp.org.uk).

My aim in working with you is to provide a reliable and consistent framework in which you can improve your awareness of yourself and your relationships, with a view to increasing self understanding and well being. Working in this way can really help to improve relationships and resolve difficulties.

### Confidentiality and Records

I maintain strict confidentiality between us. I do discuss my work in professional supervision, but the full identity of clients is not disclosed. If there should be a reason to contact another professional concerning you I will not do so without your knowledge.

I have professional insurance, for personal indemnity and public liability.

### Sessions and Fees

Sessions are for 50 minutes weekly or fortnightly, depending on your circumstances and needs; the fee for each session is £40. Missed sessions need to be paid for.

If you are unable to attend I will do my best to rearrange, but cannot guarantee to provide an alternative. I prefer to be paid weekly at the beginning of the session. If less than 48 hours notice of cancellation or rescheduling of a session is given by you (unless in an emergency) the full fee will be payable. Without this notice any missed sessions will be counted towards your overall appointments and will need to be paid for.

This contract means that you have agreed to pay for counselling. I will offer a reasonable time of 6 weeks to pay for any outstanding amounts. After this time New Leaf will need to contact the small claims court in order to obtain the outstanding amount. In this event, your name and contact details will need to be disclosed to the court so that legal proceedings can begin. This counselling agreement will then automatically be terminated.

### Cancellation

I will not be able to work with you if you are under the influence of alcohol or other mind-altering substances. If this were found to be the case, I would have to end the session and you would be charged at the normal rate.

As outlined above, I require a minimum of 48 hours notice if you wish to cancel or reschedule a session. You will be charged for any missed sessions, or cancellations with less than 48 hours notice.

If I am unwell or unable to attend the session, I will give you as much notice as possible and offer you an alternative appointment.

### PLEASE READ THIS CONTRACT CAREFULLY

Check what we have agreed 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 Stephanie Groves

Date: \_\_\_\_\_

