**A person sitting on a rock

Description automatically generated with low confidence**

**Contract Between Counsellor and \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Counsellor responsibilities**

• To be available at the agreed time (unless unforeseen circumstances prevent, client will be contacted)

• To start and end on time (unless unforeseen circumstances prevent, client will be contacted)

• 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 offered ASAP

**Client responsibilities**

• To attend punctually

• To give a minimum of 48 hours’ notice when cancelling/changing an appointment (or the full session fee becomes payable). Please contact as personal circumstances do occur.

• To pay for the session in full before each appointment (min 24hrs)

• 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 BACP and NCS. They operate a complaints procedure and can be contacted.

**What the therapist offers**

What is on offer is counselling of an Integrative, Person Centred 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 where 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, and these are available to you on request. The therapist may record sessions (audio recording) for purpose of self-evaluation and supervision. The client will always be consulted before a recording is made and the client has the right to refuse that the session be recorded.

Clients, Parents/ carers / referrers also agree to completing a background information questionnaire to help to inform the focus of the sessions.

**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? …………………………………………………………………………………………………

**Contacting the therapist**

You may use my telephone number to reach me or send an email. 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.

**Fees paid min of 24 hours in advance of session.**

Clients: I charge £ 45 per 45 min session for over 16yr £40 15yr and under

Supervision: I charge £45 per 50 min session £60 per 90 min session

Group Supervision: Please contact

**Non-attendance**

Should you cancel within less than the 48 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:**

**Please state any medication you are currently using and why:**

**Emergency Contact Details**

**Name:**

**Telephone**

**Email:**

Signed Client……………………………………………… Date……………………………

Signed Parent / carer, (legal guardian) ……………………………………….. Date ………………………….

(if client is under 18 years)

**Please ensure that all legal guardians sign and agree to the contract/ therapy of a child or young person**

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

**GDPR Statement Under the General Data Protection Regulations 2018, you have certain rights.** These are:

• You can see your notes. This is facilitated by making a formal request.

• Records are kept for 5 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 5 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 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………………………… (Parent or carer Y / N )

**Please note:**

My Space Counselling has the right to stop a counselling session/s if the counsellor believes:

- that the client is under the influence of any alcohol or substance.

- that the client (or referrer/ parent carer) is communicating in an aggressive and abusive.

- that the client would be better supported by another profession eg a specialist or GP, but the counsellor will aim to support the client / referrer to seek such support

- that the client is at immediate risk / danger of harm to themselves or another in need of crisis support.

As set out in the BACP Code of Ethics, My Space Counselling respects confidentiality for Children and Young People (CYP)and will only discuss the content of sessions with the parent/ carer/ guardian/ referrer if the counsellor feels that the young person is a danger to themselves or others. Or should the CYP request/ agree to content being shared for the purpose of support. Or, for legal reasons.

My Space Counselling will only work with Children and Young People if they agree to therapy.

My Space Counselling does not provide a clinical diagnosis. A GP referral to a Psychologist or a private Clinical Psychologist will provide an assessment and diagnosis.

My Space Counselling may, having discussed with the client and referrer (if appropriate), deem it necessary to contact your GP or the Multi Agency Referral Team for safety and safeguarding reasons.