

# **Client Counselling Contract**

# Confidentiality

Counselling and Psychotherapy are mainly confidential practices, however there are some limitations to this. I will be explicit about these below, so you can decide what you wish to share:

- **Harm to self or others** If I believed you were at risk of harming yourself or others, I would have to break confidentiality. This would initially involve a discussion with my supervisor and possibly a call to your GP. I would always endeavour to discuss this with you beforehand.
- **UK Law** I am required under UK law to report disclosed information under the following acts, to the police: the Terrorism Act 2000, Proceeds of Crime Act 2002, Drug Trafficking 1994 and Money Laundering Regulations 2007. Should the Police request information regarding the driver of a car during a traffic offence, I must provide this to them under the Road Traffic Act 1991 for legal reasons I would not be able to notify you of this. Under the Serious Crime Act 2007, courts can make an order requiring a person with information or records to disclose these to the police or court.
- **Child Protection** In the case of a child protection issue, under the Child Protection Act 1989, I would have to break confidentiality to report this to social services. This would be discussed with my supervisor first.

## Supervision

Due to the confidential nature of counselling, it is a requirement that every counsellor undertakes supervision to discuss client work in a confidential setting. Therefore I may discuss our work together with my supervisor, however your identity will remain protected. This practice provides me with adequate support and helps me be the best counsellor I can be.

## Sessions

Our first session will be an initial assessment, during which we will discuss what has bought you to counselling and complete paperwork and gather information. Sessions will be 50 minutes in length, with the other ten minutes being used by the counsellor after the session to write case notes.

Sessions will take place at the same time and day of the week on a weekly or fortnightly basis (as agreed). Any holidays or sessions client or counsellor are unable to attend will be notified in advance, with as much notice as possible. I cannot hold your place for longer than two missed sessions unless there are exceptional circumstances.

Regrettably if you arrive late for a session, we will only have the remaining time of the 50 minutes to work.

We will review how the sessions are going every six weeks. There is no obligation to commit to a certain number of sessions.



#### Fees

The cost of counselling is £50 per session. Please make payment via bank transfer at least 24 hours before the session to:

*Tide Account Katy Acton Counselling; Account No: 14749732; Sort Code: 04-06-05.* Alternatively, you can pay by cash at the end of the session - please let me know.

#### Cancellation

If you are unable to attend a counselling session, please let me know as soon as possible. There will be no charge if more than 24 hours notice is given. Cancellations made with **less than** 24 hours notice will incur the full session charge of £50. Please make cancellation payments on the day the session should have taken place, via bank transfer.

If you fail to turn up for your session, or make contact within 24 hours of your session time, your place will be offered to the next person on the waiting list.

If you have an unavoidable last minute emergency or are feeling unwell, there will be a reduced charge of £25 for cancellation (if less than 24 hours notice is given). Sessions will be suspended until you are well.

Should I become unwell, I may need to cancel with short notice. Our sessions will resume as soon as I am well again.

Please note that our session will not be able to go ahead if you have been drinking alcohol or using drugs. If you arrive intoxicated, the session fee will still apply and I will have to cancel our session.

## **Record Keeping**

Brief case notes will be made after each of our sessions. By signing this contract, you are stating agreement to these notes being kept. Your name or any identifying information will not be detailed in the notes. The notes will be kept in a locked filing cabinet. I have duty to keep these for a period of seven years, after which they will be destroyed. You have a right to see these notes by making a formal request.

Personal details that I collect on my client information sheet is for my records only and information will not be used shared. Your client information sheet and copy signed contract contain identifiable information; and therefore will not be kept in the same file as your client case notes. They will be filed separately in a lockable filing cabinet.



# **Professional Credentials**

I confirm that I hold adequate professional indemnity and public liability insurance and am fully-qualified with a degree in Counselling and Psychotherapy. I undertake continuous professional development courses and activities on a regular basis. Copies of my certificates can be seen upon request.

I am a registered member of the British Association of Counselling and Psychotherapy (membership no: 731561) and adhere to their Ethical Framework for the Counselling Professions. This can be accessed via their website <u>www.bacp.co.uk</u>. The BACP register of counsellors and psychotherapists is a voluntary register accredited by the Professional Standards Authority for health and social care. My membership number is **98695** and can be checked by visiting: www.bacp.co.uk/about-us/protecting-the-public/bacp-register/

## Complaints

I aim to provide an honest, safe and ethical service for my clients. However, in the unfortunate instance of you being unhappy with my service, you can contact the BACP either by email: <u>bacp@bacp.co.uk</u> or phone: 01455 883300. The BACP complaint's procedure can be viewed online at www.bacp.co.uk/about-us/protecting-the-public/ professional-conduct/.

Please sign and date below to confirm you are in agreement with this contract and are over 18 years of age:

Name:

Signed:

Date:

Counsellor Signature:

Date: