



Counselling Contract

Few of us can work well when we are stressed or unhappy. Receiving emotional support from a qualified professional, can facilitate greater opportunities to fulfil your potential. Coming to, or accessing, counselling/psychotherapy does not mean anyone has failed. We all experience occasions when it feels hard to speak to those closest to us about things that are bothering us. Often this can be because we do not want to worry those we love best, or because we want help thinking things through with someone unbiased. It is my role to help you find your way through whatever is troubling you. I am trained to listen without judgement and to help you explore and sort through your thoughts and feelings about whatever is concerning you, at a pace with which you are most comfortable.

Confidentiality Policy: An essential feature of counselling/psychotherapy is that the information disclosed is treated confidentially. This enables you to open up and share feelings without fear of blame or reprisals. It is also a time when it is acceptable to talk about concerns without fear of them being discussed elsewhere.

Although the contents of the sessions will be confidential, I retain the right to breach confidentiality in some specific circumstances:

- For my clinical supervision, which is a monthly meeting, to ensure I am working in a safe, effective, and ethical manner - the client's identity will be not disclosed.
- Circumstances where I feel I have sufficient grounds to believe there is a risk of serious hurt/harm to self or others.
- When child protection issues arise.

Any paperwork is kept to a minimum and maintained in an appropriate manner that ensures the preservation of confidentiality.

Cancellation Policy: If a session is missed, without 48 hours' notice, and cannot be rescheduled within the same week, payment in full will be expected.

General Information for clients: Each session is 50 - 60 minutes long, therefore, it is important you are on time – please do not arrive early as I may be with a client.

- Fees are to be paid at the beginning of each session or can be electronically paid before the scheduled appointment.
- Violence to self, others or the property will not be tolerated under any circumstances.
- No alcohol and/or drugs other than prescribed medication.



Complaints: I work within the Ethical Framework of the British Association for Counselling and Psychotherapy (BACP). If there is any cause for complaint, you are welcome to raise this with myself initially, and, if the matter is not resolved to your satisfaction, then the BACP's contact details can be found on their website.

Your signature, below, confirms you have read and agreed to the terms set out above and in particular the confidentiality and cancellation policies

Name:

Signature.....

Date

Privacy / General Data Protection Regulations Policy

Secure Storage: All data is stored securely and confidentially and used in a safe and ethical manner, in line with EU General Data Protection Regulations May 2018. It is not shared with other people without your consent except, as stated above, in circumstances likely to involve serious harm.

Right to Access: You have the right to ask for a copy of your personal information, free of charge, in an electronic or paper format. You also have the right to ask for an amendment or to change any incorrect information about you.

Right to be Forgotten: You have the right to ask me to erase any information that I hold about you. This includes your personal information that is no longer relevant to original purposes, or if you wish to withdraw consent. In all cases and when considering such requests, these rights are obligatory unless it is information that I have a legal obligation to retain.

Data Portability: As the client, you have the right to receive your personal information which you previously provided, and also have the right to transfer that information to another party.

If you are happy with the way your personal information is being collected, stored and used, please provide evidence of your consent by signing below. Thank you.

Name:

Signature..... (Client)

Date

Signature:(Therapist)

Date: