

Counselling Contract Form

This contract is between Becky Wright, Counsellor and _____, Client.

Dated: _____

Client's Address: _____

_____ Postcode: _____

Phone Number(s): _____

GP / Surgery: _____

PO Box 4
Taunton
Somerset
TA1 9FN
United Kingdom

Telephone: **07590 684888**
Email: **info@newleaf.uk.com**

www.newleaf.uk.com

The counsellor

I am a BACP Registered 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 using an integrated model of counselling. I will often use psychodynamic concepts within my work but value the influences of the humanistic and person centred approaches.

Psychodynamic is a term which relates to a particular school of therapy. Freud originally invented this school of thought. One of the aims within this theory is to develop insight into the true nature of ones problems (i.e. childhood origins). With genuine insight some people experience a release of emotional tension associated with the buried memories. It would not be right to say that I agree with all Psychodynamic theory and/or the work of Freud, but at times I find some of the concepts interesting and do feel a great deal of problems are buried in past experiences.

I am committed to providing a safe, therapeutic environment for my clients.

My approach does not just focus on the problem but also on what unused opportunities you may have. For example, the counselling will help to activate your unused potential. I may use various techniques like relaxation and stress management to help you with coping strategies.

Confidentiality and records

The contents of the sessions are confidential to you and me. I will need to discuss our 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 proceed with first seeking your permission and knowledge of what is to be discussed. I make brief notes after each session, this helps me to 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 be forced to inform my supervisor and/or your doctor. Confidentiality would also 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 less than 48 hours notice of cancellation of a session is given by you (unless in an emergency) the full fee will be payable at the next session. Without this notice any missed sessions will be counted towards your overall appointments and will need to be paid for. If you wish to cease counselling, you may do so at any time, but I ask that at least one session after 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. I will offer a reasonable time of 6 weeks to pay for any outstanding amounts. After this time I 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 given to the court so that the legal process can be started. The counselling agreement will then automatically be terminated.

Cancellation

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

I require at least **48 hours** notice if you wish to cancel a session. You will be charged for any missed sessions. In the event of me not being able to give you your session because of illness, I will give you as much notice as possible and offer you an alternative time.

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 Becky Wright

Date: _____

