

Counselling Contract Form

This contract is between Jan Walker, 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 UKCP (United Kingdom Council for Psychotherapists) Registered Psychotherapist. I am bound by its code of ethics and subject to its complaints procedure. I use an integrative model of therapy which contains psychodynamic approaches in understanding how our history impacts on our every day experience of ourselves and relating to others, while holding in mind the complexity of the human experience and adapting my way of working to incorporate other theories and ideas which might help enlighten the work.

I am committed to providing a safe and supportive space for the work, which feels comfortable and welcoming.

Confidentiality and records

The contents of the sessions are confidential to you and me. All my work is supervised, and I will not be identifying you through that process. 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 keep minimal data on clients, which includes name, contact details, G.P. name and address and any medication you may be taking at the time. All information is securely stored.

The only clause I have in relation to confidentiality is that if I believe you will cause serious physical harm to yourself or another person then I would need to seek guidance from my supervisor and/or your G.P. Confidentiality would also be broken in the event of breaching national security.

Sessions and Fees

Sessions will be 50 minutes weekly (unless otherwise agreed). The fee for the session is £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. Without this notice any missed sessions will be counted towards your overall appointments and will need to be paid for. I will invoice you at the end of every month. If you wish to cease counselling, you may do so at any time but I do ask that at least one session after this be deemed important and necessary in order to have a proper ending.

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 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 be given to the court so that legal process can be started. The counselling agreement will then be automatically terminated.

Cancellation

I will not see you if you are under the influence of alcohol or mind altering drugs.

I require at least 48 hours notice if you wish to cancel a session otherwise you will be charged. In the event that I am unable to give you a session through illness, I will give you as much notice as I am able to and offer you an alternative time.

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 Jan Walker

Date: _____

