

# CLIENT STATEMENT OF UNDERSTANDING

## EXTERNAL USE

### SIGNED COPY TO BE PROVIDED TO HEALTH ASSURED

#### OVERVIEW

Health Assured are committed to delivering the highest level of care and support to all individuals. We take a solution focused, short term approach to counselling, which aims to explore your current resources and future hopes to help achieve your goals. This approach to counselling allows you to work through your presenting issues, and draw on your own coping mechanisms to think proactively from a different perspective.

Health Assured hope that sessions you have with our counsellor will prove beneficial to you, and that they run without any difficulty. The following guidance should be signed and dated by yourself and your counsellor as confirmation that you understand Health Assured's policies surrounding your work with the counsellor.

1. Health Assured provide a pre-determined entitlement of structured counselling sessions. The therapeutic approach to these sessions is referred to as 'Solution Focused Brief Therapy', which means that your counsellor will work towards achieving your goals in the shortest amount of time possible.
2. The counsellor will support you with your presenting issue(s), however, these will need to be prioritised to ensure your time with them is used in the most effective and clinically appropriate manner.
3. Should you need to rearrange an appointment with your counsellor, you must give them a minimum of 24 hours' notice. If you do not provide sufficient notice, the session will be counted towards your overall entitlement unless there are extenuating circumstances which would dictate otherwise. If you do not attend an appointment with your counsellor, the session will be counted towards your overall entitlement.
4. If you do not attend an appointment with your counsellor, you have 48 hours to make contact with them. If contact is not made, your case will be closed and referred back to Health Assured, unless there are extenuating circumstances that are communicated with Health Assured or your counsellor.
5. If you wish to work with your counsellor privately once your session entitlement has concluded, a period of three months must have lapsed since the final session concluded.
6. All sessions are confidential, with session notes being uploaded to the Secure Health Assured Portal and occasionally shared with the Health Assured Case Management team. These instances may present themselves if there are concerns around the suitability of the support being provided as per the progression of your sessions. The counsellor may refer to the Case Manager for support and guidance to ensure you are being appropriately supported, but they will always provide Health Assured with updated notes after each session to review the ongoing support being provided and ensure that it is suitable. Further details of how we use data are detailed within our Privacy Notice which is available at [www.healthassured.org/privacy-policy](http://www.healthassured.org/privacy-policy).

- 7. Personal information and details about your sessions will only be shared with your employer or any other third if you have consented to do so. An example of this is if your counsellor believes that an extension to your session entitlement is required. You would be required to sign the Employee Declaration within the Additional Session Request Form (provided separately), which will allow Health Assured to approach your employer to fund the additional sessions if deemed clinically appropriate.
- 8. If your counsellor identifies that there is a possibility you may be a risk to yourself or others, they will be expected to undertake a risk assessment to establish the severity of the concerns. In these instances, your counsellor will be expected to notify Health Assured to ensure that the appropriate support is provided.
- 9. If you have concerns about your counsellor or the work taking place during your sessions, please contact Health Assured at your earliest convenience on **0800 030 5182**.

**SIGNATURE**

**Clients Name:** \_\_\_\_\_

**Clients Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Counsellors Name:** \_\_\_\_\_

**Counsellors Signature:**  \_\_\_\_\_

**Date:** \_\_\_\_\_