**Name Date**

Address

Post Code

Mob No

Date of Birth Age

Email

**Emergency contact details:**

Contact name and relationship:

Contract no

**GP name Clinic**

Address

Tel No

Any medical information you feel is important to share.

Please note:

As your safety is most important the therapist may wish to ask you some further questions and, in some cases, may ask you to seek the advice of your doctor.

Client:

I understand that the therapist can’t be held responsible for any problems that may arise from the failure to inform them of any condition, complaint, or problem that I suffer from.

I understand that the therapist does not give medical diagnosis or treatment but does seek to correct imbalances which may be revealed during the treatment through talking therapy.

I have read the client agreement Sheet and I understand and abide by the conditions stated on the sheet.

**Signature Date**

(Of client or legal guardian of client on client’s behalf)

**Client agreement**

1. I am bound by the Codes of Ethics and Practice of National Counselling Society.
2. If I am able to support you with your issue, we will be able to engage in this therapeutic relationship.

*With the exception of item 4 below*, you are not contracted to any specific number of sessions.

**You may terminate therapy without further cost at any time you wish.**

1. The normal duration of each session is **50 mins**, although I reserve the right to amend that time for therapeutic reasons. If for any reason you are late for a session, I will see you for the duration of the remainder but will be unable to work beyond the allotted time as this will disrupt the clinic for other patients who may be waiting.
2. Cancellations that are necessary for clients to cancel an appointment last minute or fail to attend and are unable to provide notification. On these occasions you will be charged.  In general, if you fail to give less than **36 hours’ notice** of your intention to cancel or postpone an agreed session or if there is a pattern of cancellations, I reserve the right to charge in full for that session.
3. If agreed payments for therapy has not been paid within the time frame, then I reserve the right to terminate therapy.
4. Payment should be made at least 72 hours before each session to secure the appointment. The session is only confirmed with a confirmation text or email with an agreed time and date with your payment processed.
5. As part of my code(s) of practice, I am required to carry out continuing professional development, and to engage in regular on-going clinical supervision and training. It is to ensure an ethical and professional service to clients.
6. Confidentiality will only be broken in these circumstances. If there was any immediate risk to yourself or another only. This being suicide, evidence of self-harm, risk to another member of society or disclosure of any acts of terrorism I am obligated to contract relevant authorities. If any of there should arise, I will immediately inform you of the concern where appropriate and proceed to discuss with my clinical supervisor.
7. Our therapeutic relationship will always remain a professional one, the boundaries of which *(such as contact outside of our sessions)* can be agreed between us during our sessions.
8. Notes may be taken during and after each session, which will be kept in accordance with the Data Protection Act (1998).  No information is shared with anyone apart from a clinical supervisor or coach.
9. Endings **In** the normal course of events, you will probably know when you are ready to finish, we can agree together on the work we need to do to prepare for this.
10. You will be notified of any holidays to be taken by myself well in advance. However, there may also be occasions when sessions may be cancelled because of illness or emergencies. I will try to give you as much notice as possible of any cancellation and will offer an alternative time. Therefore, please notify any change in contact details.
11. In the event of you being unhappy with the service you receive, please discuss this with me. If you feel unable to do so or do not receive satisfactory resolution, then you have the right to complain email: [Mind4Therapy@mail.com](mailto:Mind4Therapy@mail.com)