**Counselling Contract Form – please read this form carefully.**

This contract is between

The LightHouse Therapist and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*insert name here\*)

Client address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP/Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

About me:

I’m Lynette, I am an Accredited member of the National Counselling Society (NCS) and a Registered member of the British Association for Counselling and Psychotherapy (BACP).

I am Systemic Counsellor, qualified to Post Graduate Level 7.

I work using a blended approach to best suit you and the core of my work is always focussed around your needs, giving you ultimate control over the direction of your therapy and any goals that you may have. I will never tell you what you should do, but rather support you as you investigate what it is that you need. I am committed to providing a safe non-judgemental environment and offering good practice.

Confidentiality and Records

The content of the session is confidential between you and me. However, it is a requirement for me to discuss elements of my work with my supervisor and supervision peer group. All are professionally qualified therapists, and I will use your initials only. I may make brief notes following each session to help us in our work together, once again this will only ever detail your initials. Once therapy has ended, all notes will be destroyed within line with GDPR regulations.

If I believe you or another person are at risk of serious physical harm, I may not be able to retain confidentiality and will need to inform my supervisor and your GP.

Confidentiality will be broken in the event of a breach of national security.

Session Fees

Individual Face to Face 50-minute session £50.00

Online or Telephone 50-minute session £45.00

Data Protection and Privacy

Any personal data provided by you to The LightHouse Therapist through any means (verbal, written, or in electronic form) will be held and processed in accordance with the data protection principles set out in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) for the purposes for which you have given consent, to provide the services you have requested from us, and to meet the legitimate interests of the organisation. A copy of the Privacy Notice is available upon request.

Contractual obligations

You agree to pay for your counselling session at least 24 hours prior to your appointment so that the room booking can be secured. The session remains provisional without payment within the stated time. Please contact me to confirm the room is available if you are paying outside of this time frame.

This is a legally binding document. This contract can be terminated without penalty at any time by either party should this be necessary.

Cancellation policy

A minimum of 24hrs notice of cancellation of a session must be given by you. In the absence of this, the full fee is due to be paid by you. If you wish to cease counselling, you may do so at any time.

If two sessions are missed without prior notice of cancellation, further sessions will be withdrawn.

In the event of me not being able to attend a session I will give you as much notice as possible and offer you an alternative time.

*If you are under the influence of alcohol and /or drugs within the session it will not be possible to continue that day. This does not mean your sessions will be terminated, just that no useful work will be done that day. We will work together to arrange a re-schedule if this is deemed the most suitable course of action.*

Bank account details for payment are included at the end of this form

**By signing, you acknowledge that you understand and agree to the details contained in this document.**

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_