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**Counsellor and Client Counselling Agreement**

You have contracted for a member of the Critical Echo Counselling & Psychotherapy team to provide face-to-face/online/telephone counselling therapy.

As your counsellor, we will work in an integrative way, which means we will support and encourage you to explore your options and ways to cope with thoughts, feelings or behaviours using a range of therapeutic skills best suited to your individual needs, and always with your agreement.

Your counsellor is a member of the British Association of Counsellors and Psychotherapist and undertake to provide a safe, non-judgemental, and confidential environment in which you may talk freely and work towards your aims and/or specific goals.

The counselling sessions will take place by appointment. We will agree the time and date of your

first session during the initial contact telephone call, and then dates and times for subsequent sessions will be agreed at the end of each counselling session. Email or text messaging contact is normally limited to making or amending arrangements for appointments.

If by chance your counsellor should see you outside of the therapy room, they will not acknowledge you, this is simply to protect your confidentiality.

To clarify the boundaries of the counselling relationship, we have prepared the following points to be discussed and agreed upon:

* Each counselling session, held usually on a weekly basis, will last for 60 minutes, 50 minutes

therapy, plus 10 minutes to bring the session to an end and to arrange the next appointment.

* We will agree the initial number of sessions and we will review the therapy regularly to monitor the progress of the counselling process and work towards a mutually agreed ending wherever possible.
* There may be times when we agree to discuss things with other health professionals,

or agencies to help support you.

* If a session has to be cancelled by either of us, we will give us much notice as possible, and preferably at least 48 hours notice. If you are unable to give 24 hours’ notice of a cancellation, this will be classed as a missed session, and you will be charged 50% of the session cost to cover room hire for that period.
* You can contact me if necessary, via email; john@criticalecho.co.uk, or by text or calling 07714 990322 to cancel or to rebook another appointment.
* If you fail to attend for an appointment and make no contact in advance to cancel, I will keep your slot free for one week. After a period of 7 days has lapsed with no contact, I will assume our relationship has ended and will confirm this in writing.
* Whatever is discussed in the counselling session will be confidential, however, I have a duty of care for you as a client and there are exceptional circumstances which require me to break confidentiality: that is, if I believe that serious harm is intended towards you or others. Other safeguarding concerns relate to involvement in criminal activity such as financial benefit from the proceeds of drug related crime or any indication of involvement in terrorism. In the event of such circumstances, relevant information may be shared with other agencies such as your GP, emergency services or the police. If it should be necessary to break confidentiality, I would in the first instance discuss the situation with you wherever possible.
* The BACP Ethical Framework for Good Practice in Counselling and Psychotherapy sets out guidelines for our work together. A copy is available to you on request.
* If you wish for information to be disclosed to your GP or other health professional, this will only be done with your signed consent.
* I make brief factual notes to record aspects of our work and the therapy process which are also used in clinical supervision. Anonymity is ensured by using only a unique client reference. You may have access to my notes by giving 2 weeks’ notice. My clinical supervisor also maintains confidentiality and is a registered member of the BACP. Unless agreed in advance, therapy notes will be securely destroyed within 7 years of the last agreed session (whether attended or not).

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| Signed By: |
| Client: |
| Counsellor: |
| Date: |