Heal – I-D Client Contract Form

The aim of this working agreement is to advise you of how I offer counselling sessions. I hope to

highlight the issues you need to be aware of to enable you to make an informed choice. If you agree

with this information, please fill in your name, address and sign the section at the end of this

agreement.

**Confidentiality**

Counselling sessions are confidential between the counsellor and the client. The exceptions to this

are:

• I attend ongoing counselling supervision. This is in place to assist me to monitor all aspects of

my counselling work to ensure that I am working in an ethical manner. If I choose to discuss

my client work, I will not use a client’s name or any information that makes their identity

known.

• In extreme cases confidentiality may be broken where there may be a risk of serious harm to

oneself or others. For this reason, I will ask you to provide your G.P details (below) for use in

emergencies. If this matter was to arise, I would do my best to discuss this with you in advance.

This action is highly unlikely to occur but essential if the client’s needs require additional

support outside the counselling relationship.

• If I become incapacitated or unable to continue work and inform you of this, then my present

counselling supervisor will assist you to find additional counselling support if this is necessary.

In these circumstances, my supervisor would have a copy of your contact details.

• If I or my counselling notes on your sessions are subpoenaed by a court of law.

**Length and duration of sessions**

The time limit to the duration of the counselling sessions is 50 minutes. The contract may last from 6 weeks to 1 year or be agreed as open-ended.

I would like to have two weeks’ notice so that we can discuss and come to an appropriate ending. I

would appreciate you arriving on time as I do not have a waiting room.

**Cancellation of sessions**

I need 48 hours’ notice of cancellation otherwise the full amount is charged. It may be possible to

negotiate a later time on the same day or on an alternative day and I will not charge in such a case.

I will give as much notice as possible if I have to change our arrangements or am going on holiday.

Payment of fees for counselling sessions.

If you are more than 15 minutes late, then the session may have to be cancelled due to other clients if this happens then full payment must be made. If this becomes a regular occurrence, then this will need to be discussed and the start of your session.

• My fee per session is currently £60.00 per individual session or £35.00 for Low Income (50min), £70.00 for Tandem session or £45.00 for Low Income (both parties)

(60 min), Family Session £80.00 (60 min).

• Increases in my fees will occur, when necessary, notice of

three months will be given.

• Payment can be either by cash or bank transfer, Card Payments are accepted but an additional fee of 1.69% will occur – details will be provided.

• Low Income or receipt of Universal Credit will need to be provided prior to your first session in the form of Payslip or Universal Credit Payment Shown. If a Tandem session then both parties need to show proof of low income or full payment will be needed.

• For any cancelled sessions, I will require you to forward the payment either by, online

banking or cash by arrangement. If there is an outstanding fee payment, no further sessions

can be booked until the outstanding balance has been settled.

• If you arrive for a session under the influence of non-prescribed drugs or alcohol, I reserve the

right to cancel the session. The fee for the session will still apply in these circumstances.

Professional membership of ACCPH and Ethical Framework for Good Practice.

I am a ACCPH Member (Accredited Counsellors, Coaches, Psychotherapists and Hypnotherapists) and am bound by their Code of Ethics and practice and its Complaints Procedure.

Anti-discriminatory Practice

I aim to provide a service which is anti-discriminatory in nature and endeavour to ensure this

commitment is reflected in the counselling process.

Insurance

I carry professional liability & indemnity insurance cover which includes my counselling practice.

Other

If we meet outside the session, I will wait for you to acknowledge me first. If you are comfortable

with acknowledging me then I will be happy to say hello. If not, I will respect confidentiality. If any

contact outside the session is causing/causes any concern I would ask that you immediately bring it

to the next session.

CLIENT RESPONSIBILITY

The working relationship requires us to work together, not the therapist working on the client. The clients’ other responsibilities are to attend punctually, and pay fees on time. This can reflect the client’s responsibility to themselves of being the utmost importance to them, which can aid the therapeutic relationship to work effectively.

I am satisfied with all the information given and can agree to work with this counsellor within the

requirements of the Counselling.

Printed Name: …………………………….. Signed by Client: ………………………………………………….

**Client Information Form**

## Full Name: …………………………………………………………………...

## Telephone Number: ………………………………………………………

## Address: …………………………………………………………………………

## ……………………………………………………………………………………….

## Postcode: ……………………………………………………………………….

## Email: …………………………………………………………………………….

Emergency Contact:

Name: …………………………………………………………………………………………

Telephone Number: …………………………………………………………………….

Relationship to you: …………………………………………………………………….

Doctors Surgery: ………………………………………………………………………………

Telephone Number: …………………………………………………………………………

Address: …………………………………………………………………………………………..

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Postcode: …………………………………………………………………………………………

Printed: …………………………………………………………………………….

Signed: …………………………………………………………………………….

Dated: ……………………………………………………………………………….