Counselling Contract.

Between \_\_\_ (Client ) & Taya Bassett (Therapist).

Therapist responsibilities:

* To be available at the agreed time & to start and end on time
* To offer a quiet appropriate and undisturbed space.
* To maintain safe, professional boundaries.
* To maintain confidentiality and to regard all contact details and information as confidential unless I have reasonable doubt concerning actual safety of the client or others, or if I am required by law to break confidentiality.
* To encourage client autonomy
* To work within the NCS Ethical Framework (available upon request) including regular supervision, where some details from our sessions would be discussed for therapeutic guidance and monitoring of appropriate and effective therapeutic techniques and knowledge.
* To review therapeutic work and relationship regularly
* In the unlikely event of the therapist cancelling, an alternative appointment offered ASAP.

Client responsibilities:

• To attend punctually

• To give a minimum of 48 hours’ notice when cancelling/changing an appointment (or the full fee becomes payable)

• To pay each therapy session promptly with a 72-hour period after the therapy session (£45) per session.

• Communicating with the therapist outside agreed counselling sessions is to be limited to making, changing, or cancelling an appointments, unless by prior arrangement to having a brief follow up of the therapeutic work done in the previous session, or if the client has difficult session.

• To be respectful to the counsellor and their property

• To agree to give permission to contact GP if the therapist has serious concerns about risk to self (client) or others

• To discuss with the therapist when you feel you are ready to end therapy

• To let the therapist, know if you are in or are considering entering another therapeutic relationship.

What the therapist offers:

What is on offer is counselling and therapy of an Integrative CBT/REBT and hypnotherapy nature. This means that I used CBT/REBT along with other types of therapeutic modalities and hypnotherapy to help treat the problem, whilst empowering and encouraging you to discover and work towards goals and solutions to issues in a supportive environment. As a therapist I offer you my honesty and respect while we explore issues you feel you would like to bring to therapy at the times that we have agreed.

Confidentiality:

* There are boundaries and limits to confidentiality in certain cases. Confidentiality may be broken if You or others are, in the opinion of the therapist. Seem to be in danger or at serious risk of being harmed.
* The therapist is required to do so by subpoena, the client infers involvement in or knowledge of an act of terrorism or of money laundering
* The client infers knowledge of or involvement in drugs trafficking
* The client infers knowledge of or involvement in behaviors that may, in the therapists opinion, lead to harm or neglect to children and vulnerable adults.

Supervision and confidentiality:

I monitor my own practice by attending regular supervision for myself and am committed to my own self-development.

There are times where aspects of our sessions will be taken to supervision. Supervision sessions are to allow me to gain support and guidance in my work and also to check that I am working ethically and competently. When I discuss the work that I am doing with you, I will only refer to you by your first name (if this felt okay for you, otherwise we could find an alternative) and any other distinguishing details will be altered to keep your identity anonymous. my supervisor is also committed to our contracted confidentiality.

Records of sessions:

I as the therapist do write notes and (audio record) the session for purpose of self-evaluation and supervision. I follow and am a registered member of the ICO.

The client will always be consulted before a recording is made and the client has the right to refuse that the session be recorded.

Recording Declaration Form

I, Therapist Name: Taya Bassett.

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Declare that I have obtained permission from my client to record our therapy sessions in Integrative CBT/REBT and Hypnotherapy.

I, (Client’s Name)

have given give my consent for my therapy sessions to be recorded and for the recordings to be heard the purposes of supervision where, in my opinion, there may be a danger to yourself or to others and when disclosure is required by law.

Client Signature:

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Therapist Signature: Taya Bassett

Contact:

Contacting you I will contact you if necessary e.g., to re-arrange an imminent appointment. Where and how would you prefer I contact you in this unlikely event?

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…………………………………………………………………………………………………. Should you not attend on time, would you like me to contact you? If so, how? …………………………………………………………………………………………………

…………………………………………………………………………………………………Contacting the therapist,

You may use my therapy telephone number to reach me 07535224811,

or send an email to roselawntherapy@gmail.com

If I am unable to answer your call please do leave a voice mail message on my phone or if you prefer please email me or send a text and I will get back to you as soon as I can.

Nonattendance: Should you cancel within less than the 24 hours’ notice agreed or fail to attend an appointment: the full session fee will be charged.

Client’s Signature:

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Client’s Name…………………………………………………………………………..Date…………………

Therapist Signature: Taya Bassett

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Therapist Name: ……….Taya Bassett …………………………… Date……………………