

This counselling contractual agreement is between\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client) and Victoria Wyness, of Victoria Counselling Services.

**Working together**

The therapeutic relationship is a key component of therapy. Much emphasis is put on the importance of creating a comfortable and safe space which has clear boundaries in place to facilitate the process.

As a practitioner, I use an integrative approach, which means that a range of techniques and theoretical models can be employed. Somatic experience informs the way that I work with trauma as the mind-body connection is acknowledged.

I value autonomy and will not offer solutions. I will facilitate the process, identifying and enhancing your own resources and whatever tools I can utilise to further increase self-awareness and trust in your own capacity to make choices and initiate meaningful changes in your life.

Being able to connect on a psychological level is fundamental to the therapeutic relationship. I kindly request that clients do not arrive to sessions under the influence of alcohol or non-prescription drugs.

**Sessions:**

Each session lasts 50 minutes. The frequency of sessions varies and is agreed upon prior to commencing. This can be renegotiated depending on the needs of the client and the stage of therapy.

If at any point you wish to cease therapy, you may do so at any time, although it is recommended that you schedule at least one session to bring the therapeutic work to an end.

**Online sessions:**

If the meeting is online, we will schedule appointments using either zoom video conferencing or Whereby.com. It is recommended that you download the application on your device prior to beginning sessions. You will need a stable internet connection and a device with a camera, microphone, and speakers. I will email the links for the meetings once we begin working together. If you have any concerns, please email me prior to our session so that I can help resolve them.

Technology and internet use can challenge the boundaries of therapeutic relationships. If interruptions occur due to technical problems, we can try to remedy them in session or move to telephone to avoid using the allocated time on such issues. I cannot extend sessions or make up for lost time owing to technical issues unless they are due to my equipment or connection.

*I will wait for 15 minutes after the start of each session for you to arrive. After that time, if you have still not arrived, I will leave the online room and assume that you cannot attend that day. Payment would still be required in such instances unless the no attendance is due to a genuine emergency or exceptional circumstances.*

Recordings of sessions are not permitted by either party unless agreed to prior to commencing. Please ensure that you are in a quiet and private environment. After our session, it is advisable to close all relevant internet pages to maintain your privacy in your environment. It is often useful to plan an activity to engage in for a short while after the session before returning to your offline world. This allows the mind and body time to recalibrate and form a separation from the online session easier.

**Contact:**

Communication outside of sessions is limited to the practical aspects of scheduling appointments, alterations, and cancellations. This can take place via email or text. The therapeutic work takes place and remains within the boundaries of the consultation room, whether that takes place in person or online to maintain good practice. The use of worksheets and supportive resources is actively encouraged and welcomed via email. I will review any shared resources between sessions if applicable.

**Confidentiality**

Issues and concerns shared in sessions are confidential, however it is standard practice to make notes after sessions and if necessary, discuss issues with a supervisor. If discussed, client identity will remain anonymous. Client details are only shared with my professional executor who would be contacted in the event of me being unable to work or contact you myself.

**Exceptions to Confidentiality**

In exceptional cases, I may need to consider breaking confidentiality and disclose any relevant information to third parties. The exceptions to the rule of confidentiality occur when:

* Requested to by a court of law.
* I have consent to disclose personal information from yourself.
* I believe serious risk of harm to self or others could occur.
* Information relates to missing children, serious crimes such as terrorism, money laundering, drug trafficking and Female Genital Mutilation.
* Where possible, I would discuss this with you in session.

Should we meet outside of therapy, I will not acknowledge you unless you wish for me to do so, and I will not engage in conversation in order to maintain confidentiality.

**Internet presence:**

I do not google clients prior to meeting them as I do not wish to encounter information about you that is from an alternative source.

I also do not explore potential client profiles on social media or accept friend requests from current or ex-clients.

I post content via my blog or in the form of information sheets. I discuss issues in general and will not use information gained from client sessions in such content, unless anonymised and explicit consent has been gained prior.

**General Data Protection Regulation (GDPR)**

I, Victoria Wyness, the data controller, am registered with the Information Commissioner’s Office (ICO). Your information, which include contact details, emails, GP details and session notes, are held securely via password protected electronic files and if on paper, in a locked filing cabinet which is accessible to me only.

As client, you have the right to access a copy of your personal data and request correction or erasure in certain circumstances. Your information is kept for a maximum of 6 years after therapy ends and then is securely destroyed.

Any concerns can be explored with me prior to agreeing to the contract.

**Conduct:**

I am a qualified counsellor and a registered member of the BACP (British Association for Counselling and Psychotherapy). I work in accordance with their Ethical Framework for Good Practice. I am committed to delivering good practice and value your feedback. My insurance includes indemnity and public liability. Any concerns about my conduct can be discussed with me so that we can address them together. Any formal complaints against my conduct can be raised at: [www.bacp.co.uk](http://www.bacp.co.uk)

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**Fees, payments, and cancellations**

Individual therapy last 50 minutes and will be charged at £50 per session.

I ask that each session is paid in full, at least 24 hours in advance of the session by bank transfer or online at my website: [www.victoriacounsellingservices.co.uk](http://www.victoriacounsellingservices.co.uk)

**Re-scheduling and Cancellations**

**Please email me with as much notice as possible if you wish to rearrange an appointment. At least 24 hours’ notice is required for cancellations. Any missed sessions without notice will be charged unless due to a genuine emergency. If I need to cancel due to illness or personal commitments, I will give you as much notice as possible and endeavor to rearrange the session(s) for a mutually convenient time.**

**Bank details** are as follows:

Victoria Wyness

Sort code: 040605

Account number: 20888141

If no payment is received, no further appointments can be offered. This would result in the therapeutic agreement being terminated.

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**Please read this contract carefully to ensure that the contract is fully understood.**

**This contract means that you agree to pay the nominated fee for each therapy session.**

**I consent to my information being stored by Victoria Wyness of Victoria Counselling Services, my contact details with an executor and information shared in sessions being presented anonymously for professional supervision and development.**

**I understand the duty of the counsellor to break confidentiality in exceptional circumstances as described above.**

Name of client:

Client signature:

Date:

Name of counsellor: Victoria Wyness

Counsellor signature:

Date:



**Client details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: (Please provide one that you are happy to be contacted on)

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: (Name, Number, Relationship)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of G.P surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other significant information?

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