



Please print the appropriate contract and sign, ready for your initial session if you have selected online counselling. Once completed, kindly email your signed copy to [joggy@newhorizonstherapy.org.uk](mailto:joggy@newhorizonstherapy.org.uk)

If you have opted for face to face and are unable to print a copy, don't worry, let your counsellor know and they will bring a contract for you to complete.

This is a mutual agreement between New Horizons Therapy and the client/s which sets out the responsibilities between both therapist and the clients working relationship.

Whilst counselling and psychotherapy are generally regarded as beneficial, it must be realised that this may not be so in every case. The therapeutic relationship is based on trust and mutual respect, guided by the client's developmental process. The main purpose of the therapeutic conditions – set time, set fee, ethical framework and so on – is to create and maintain a safe space in which to facilitate this development. The conditions help to create a professional working alliance. The boundaries are set according to the professional organisations I belong to as well as my own experience of what works best for my client and myself. Various techniques may be used, for example CBT, Transactional Analysis, Psychodynamic & Person-Centred Approaches. These are used according to my professional judgement of what may help.

The therapeutic relationship is designed for the growth and development of the client. I see it as my professional responsibility to inform each client if it does not seem to me to be working for their benefit, or if it ceases to do so.

The aim of counselling is to provide you, the clients, with a confidential opportunity to explore personal and relational issues in safety. The role of 'New Horizons Therapy Counselling' is to help you through this process without judgement or telling you what to do, I may on occasion give information or offer suggestions. During counselling, we set goals together agreed between you (the clients) and me (the therapist). Together we agree collaboratively to work towards your goals. If at any time I feel I can no longer help you, I will offer to refer you to someone who can. If your therapy involves regression, or dealing with very painful memories, you as the client must be aware that things are likely to get worse before they get better.

### **Confidentiality**

All sessions will be conducted in the strictest confidence, and this confidence will be maintained, and applied to any and all records in accordance with the GDPR, except in the following instances:

- 1) Where the client gives consent for the confidence to be broken.
- 2) If you share information about a proposed act of terrorism or another illegal act.
- 3) If we believe a child or protected adult is at risk of harm or abuse.
- 4) Where the therapist is compelled by a court of law.



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- 5) Where the information is of such gravity that confidentiality cannot be maintained. This usually entails a situation whereby the therapist considers the client an imminent danger to others or themselves.
- 6) Where information is revealed during an individual session, this will ultimately need to be discussed with the other partner at an appropriate time.

In the last four cases I would always attempt to speak to you first before breaking confidentiality. I retain the right to break confidentiality without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of yourself or others.

Because I am not a medical practitioner, it is a requirement of us working together that I have the name and contact details of your General Practitioner and gain a comprehensive medical history from you. If I needed to contact your GP, I would always endeavour to speak to you first.

### **Sessions, Payment, Cancellations and Holidays**

We will normally meet once a week at the same time. It is sometimes possible to rearrange sessions at short notice. Therapy tends to work to the extent that there is commitment and regularity in the arrangement on the part of both clients and therapist. The session time is 50 minutes and the fee per session will be £40.00

### **Payments to New Horizons Therapy**

**Methods of Payment:** Bank Transfer

**Sort Code:** 04-00-05

**Account No:** 32268755

Fees are reviewed by New Horizons Therapy annually and any changes take effect on 1st January and apply to new or renewed contracts.

I will inform you well in advance of any weeks I am away on holiday or for professional reasons and will endeavour to give a minimum 24 hours notice of any cancelled sessions where possible.

You will not be charged for appointments missed due to illness, provided you give me at least 24 hours notice. In an instance where no or insufficient notice is given on your part, I reserve the right to charge at least £25 to cover the room costs at New Horizons Therapy, full payment may be taken to cover my own costs. In the event of a serious accident, emergency, or other similar situation outside of your control, please deal with your situation first and notify me at your earliest convenient time, I will follow up with you typically within 24 to 48 hours of the missed appointment anyway.

Reducing missed appointments is the most effective method for us to maintain low client session fees. To help avoid missed appointments I offer a free text reminder service. To



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opt in, please let me know and I will send you a text reminder on the day of your booked session.

You may contact me via:

**Email:** [joggy@newhorizonstherapy.org.uk](mailto:joggy@newhorizonstherapy.org.uk)

**Phone:** 07908770148

### Telephone Calls & Email

If you contact me, calls and messages will be responded to as quickly as possible between sessions within normal operating hours. If you get the chance to leave a voicemail, please do leave me your phone number, as confidentiality rules restrict me from carrying your details around. 'New Horizons Therapy Counselling' is not a crisis or emergency service. If you need to speak to someone immediately, please contact your GP, NHS (dial 111) or the Samaritans (116 123).

### Supervision

In order to provide you with the best treatment I can, I have regular consultations from another mental health professional in accordance with the BACP/NCPS code of ethics. In these consultations, I do not reveal your identity. The consultant is also legally bound to keep the information confidential. Similarly, when I am away or unavailable, I may inform a replacement therapist about your situation to facilitate getting you appropriate support should you need it in my absence.

### Records

Under the GDPR and NCPS/BACP Code of Ethics, The Counsellor keeps data such as name, email address, and mobile phone numbers recorded so that sessions can be booked, altered or cancelled and information of interest can be shared. Data such as medical details are recorded so that in any emergency a detailed medical history will help first aiders and paramedics to care for clients efficiently. Special category data from sessions is recorded to aid the counsellor build a clear picture of client issues and for a historical review of positive progress. The use of such notes is to refresh the counsellor's understanding of your issues between sessions. Data is checked and updated during treatment. You have a right to access your information, please speak to your counsellor directly.

You can read my privacy policy regarding how information you supply is handled by visiting this link: [www.newhorizonstherapy.org.uk](http://www.newhorizonstherapy.org.uk)

### Complaints

If you have a concern regarding any aspect of the service, please raise it with your counsellor who will endeavour to rectify it immediately. If you have any other questions or worries, don't hesitate to ask.



**Freely given consent to this contract**

As the entire therapeutic relationship is built on trust and openness between the clients and the counsellor, a binding contract will not be effective until you have had an opportunity to read, consider and query any aspects of this contract. Only then will you be invited to sign a copy for our records.

I understand that your life circumstances may suddenly change. You may at any point desire or be obligated to discontinue therapy. Whatever the reason, I respect your decision but ask that you give one week's notice before finishing so that we have the chance to discuss your decision.

If you have any questions regarding the content of this agreement, or would like further information, please contact me at: [joggy@newhorizonstherapy.org.uk](mailto:joggy@newhorizonstherapy.org.uk).

Print Name: .....

Telephone: ..... OK to message? Y / N

Emergency Telephone: .....

Email: .....

Address: .....

GP Surgery: .....

History of violence/overdose or self-harm:

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Medications:

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Other relevant information

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New Horizons Therapy

One to one contract



How did you hear about New Horizons Therapy?

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I have read the contract and agree to the terms set out in the contract and will collaborate to the best of my ability with the counsellor & give my explicit consent for personal data to be recorded.

Client Name: .....

Signed: ..... Date:.....

Therapist Signature: .....