



## COUNSELLING AGREEMENT

This agreement outlines the foundation of our mutual agreement and provides key information about our work together. It helps establish a clear, professional therapeutic relationship.

This agreement is between **(Client)** \_\_\_\_\_ and **(Counsellor) Lauren Keen** of Forest of the Mind Ltd., dated \_\_\_\_\_.

By agreeing to work together, we've arranged to meet on **(Day)** \_\_\_\_\_ at **(Time)** \_\_\_\_\_, for 50 minute sessions held at **Caplor Farm, Fownhope, Hereford HR1 4PT**

We will begin with an initial commitment of **12 sessions**. Around the **sixth session**, we'll take time to review our work together and decide how to move forward.

### Confidentiality

What you share in our sessions is treated with care and kept confidential. However, there are a few important exceptions where I may need to share information:

- If you give written consent for me to contact someone, such as your GP
- If I believe there is a serious risk of harm to you or someone else
- If you share something that suggests someone is in danger of serious harm. I will always try to discuss this with you first, if possible
- If there is a risk to a child or children
- If you disclose involvement in terrorism, money laundering, or drug trafficking (as required by law)

To ensure I'm working ethically and effectively, I attend regular supervision in line with BACP guidelines. I may discuss aspects of our work there, but your identity is kept strictly confidential, and my supervisor is bound by the same confidentiality standards.

### Internet or electronic communications

Nothing sent by email or electronic equipment is completely safe, so please be aware of this if you contact me via (for example) email, mobile phone or Zoom.

## **Cancellations/lateness**

Life happens, I understand that you may sometimes need to cancel. I just ask that you let me know as soon as possible. Cancellations made with less than 48 hours' notice will be charged at the full session rate

I will give you advanced notice of my planned breaks or holidays. If for any reason I am prevented from meeting with you, wherever possible I will offer an alternative, which if not convenient for you will not incur a charge.

My role is to facilitate your therapeutic process so I will be present and available for the full session, whether you arrive on time, late, or choose to leave early. If you arrive after the session begins, I will be there, and our session ends at the planned time.

## **Our relationship/contact between sessions**

The nature of our relationship is a professional and therapeutic one, which means contact outside of sessions is limited. Communication should be confined to scheduled appointments or brief messages to reschedule.

My phone is usually off and only checked now and then for messages about cancellations or scheduling.

If we happen to meet outside of sessions, I'll acknowledge you with a brief, friendly greeting — unless you've let me know you'd prefer not to be acknowledged, which I completely respect.

## **Safety**

Your safety, and mine, is important. If violence occurs during a session, the session will end immediately.

If you arrive under the influence of alcohol or non-prescribed drugs that could affect your ability to engage, I'll ask you to leave the session. It will be up to you to get in touch if you'd like to continue therapy in the future.

It's helpful to know about any medical conditions, like epilepsy or diabetes, that might affect you during sessions. That way, we can plan together how I should respond if you become unwell.

## **Endings**

There may be times when therapy feels tough, or you're unsure if it's helping. That's completely normal, but I encourage you to talk to me about those feelings rather than skipping a session. These moments can open valuable opportunities for growth and understanding.

Most of the time, you'll have a sense of when you're ready to end therapy, and we'll work together to plan a thoughtful ending. If you decide to finish earlier than expected, I'd really encourage you to have at least one final session so we can reflect on your journey and say goodbye.

Declaration

Client signature \_\_\_\_\_

Date \_\_\_\_\_

Counsellor signature \_\_\_\_\_

Date \_\_\_\_\_