



### Relationship Counselling Agreement

First name:	First name:
Surname:	Surname:
Pronouns:	Pronouns:
Address:	Address:
Post Code:	Post Code:
Email:	Email:
Phone number:	Phone number:
D.O.B	D.O.B
Occupation:	Occupation:
Religion:	Religion:
GP Name:	GP Name:
GP Surgery:	GP Surgery:

<b>GP consent: I agree to you contacting my GP if you feel it's necessary for my welfare or others' welfare.</b>	
Sign:	Sign:

Counselling is a collaborative process between a counsellor and client(s). This agreement is aimed at establishing a clear basis for working together and to assist you in getting the most out of the counselling process.

#### What our counselling service offers

I offer open-ended and time-limited integrative counselling to individuals and couples. I am a qualified and registered counsellor who works within the ethical framework of the BACP, my registered counselling body.

In an initial meeting we will work together to explore what you hope to gain from counselling, and to reflect on your priorities. If this service is unlikely to be helpful for you, I will refer you to an alternative source of support, if appropriate.

## **What I ask of you**

The success of couples counselling often depends on the couples' willingness to engage and reflect. I ask that you think deeply about what you hope to gain from a counselling approach, and to fully engage in the collaborative work that a counselling process involves. This includes work outside of the therapy session.

There will be moments during our sessions where you feel challenged, and this can lead to feelings of discomfort. I ask that you refrain from walking out of our sessions, and instead these feelings will be gently explored.

Aggressive behaviour will not be tolerated during sessions, neither will shouting or abusive behaviour anywhere in the vicinity of the therapy room.

If you are in a couple and are seeking help with your couple relationship, any infidelity must cease for the duration of your couples counselling sessions.

If I need to cancel or rearrange an appointment for any reason, I will aim to let you know in good time, and I ask you to do the same. Ideally this would be at least 24 hours' notice, although I appreciate that there will be occasions where this may not be possible.

## **Payment**

Session fee will be £85 payable prior to or at the end of your session. Missed sessions must be paid for, as your session time is kept for you. Should one of you not attend a couples counselling session, I will be unable to provide the service and the full-service fee will be charged. Payment can be made by card or cash.

Each session will last for 50 minutes, unless otherwise agreed.

I suggest booking an initial six sessions, 1 week apart. This ensures you get the time slot you require, keeps you committed, and helps prevent clients from avoidance, which sometimes arises when dealing with uncomfortable situations.

## **Confidentiality**

All information will be kept confidential between me and you as the couple with the following exceptions:

- where there is risk of serious harm to yourself or others
- where we are required by law to disclose information e.g., under the Prevention of Terrorism or Money Laundering acts
- if the Counsellor is required by a court order to do so
- It is a requirement of the BACP that all counsellors and psychotherapists undertake supervision. In supervision, cases are discussed, but names are omitted.

**Please note:** There is no confidentiality agreement between me and each individual in the couple. If one partner discloses information to me when not in the presence of the other partner, I will share that information during the couple's therapy session.

## **Record Keeping**

I work under the terms of the GDPR and hold sensitive personal information securely. Please see my Privacy Notice on my website.

I keep a log and brief notes of the initial appointment and any ongoing appointments, as a record of the work. I maintain clear principles of anonymity in record keeping, all records are kept securely, in a locked filing cabinet, and they are held for 7 years. Any requests to see the information held should be initially discussed with myself, and then in writing. I will require the written consent of all partners in the relationship.

If you have any questions or concerns about any of the above or about the counselling process, please feel free to ask.

All those items marked with an \* asterisk \* are required. Both parties undertaking Couples Counselling must each complete this form.

☐ \* (Please tick) I agree to this confidentiality policy and to counselling records being kept and used as described. \*

☐ \* (Please tick) I consent to Charlotte Janes keeping my sensitive data confidentially in accordance and compliance with GDPR requirements. \*

☐ \* (Please tick) I agree to be charged the full session fee, should I cancel my appointment with less than 24 hours' notice, or not turn up to the appointment\*

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_