



### **Individual Counselling Contract**

Counselling is a collaborative process between a counsellor and client. 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 consultation 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 think with you about alternative sources of support that you might consider.

#### **What I ask of you:**

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 £60 payable prior to or at the start of your session. Missed sessions must be paid for, as your session time is kept for you and the full-service fee will be charged. Payment can be made by card or cash.

Each session will last for 50 minutes.

#### **Confidentiality:**

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

- where there is risk of serious harm to yourself or others
- where I am required by law to disclose information e.g. under the prevention of terrorism or money laundering acts
- if I am required by a court order to do so
- if there are any child protection issues where a child could be at risk of harm or neglect.
- it is a requirement of the BACP that all counsellors and psychotherapists undertake supervision. In supervision, cases are discussed, but names are omitted.

#### **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.

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

<b>First name:</b>	<b>Surname:</b>
<b>D.O.B:</b>	<b>Age:</b>
<b>Address:</b>	<b>Phone (home):</b>
	<b>Phone (mobile):</b>
	<b>Emergency Contact:</b>
<b>Post Code:</b>	<b>Occupation:</b>
<b>Email:</b>	<b>Have you had counselling before?    Y   N</b>
<b>Doctor's Name:</b>	<b>Doctor's Surgery:</b>

All those items marked with an \* asterisk \* are required.

- ☐ \* (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\*
- ☐ \* (Please tick) I agree to Charlotte Janes contacted my GP should I be at risk of harm \*

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

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