

## Counsellor/Client Contract (Agreement)

This document is used to set out the contract between the client and myself, outlining requirements and expectations. This contract is flexible and is to be agreed by both of us; any amendments made shall be agreed by both parties.

**Counsellor Name:** Del Atkins *Registered Member MBACP (Accred.)*

**Contact Number:** 07949 691162

**Fees:**

**Client:**

**Session Day:**

**Session Time:** (Therapeutic Hour – 50 mins,  
EMDR Sessions may be 90mins)

**Session Frequency:** Weekly (unless otherwise agreed)

**Term of sessions:**

**Missed Sessions:** If the consecutive number of sessions missed becomes two or more, without reasonable circumstances or prior cancellation. Contact will be attempted to discuss this issue, if no contact can be made after a further week it shall be assumed that the client no longer wishes to continue with the counselling sessions. Any sessions cancelled with less than 24hrs notice may be fully charged.

**Ending of sessions:** Determined by contract Length or a natural end agreed between the client and myself usually this would be agreed at least 1-2 sessions before the end. If referral is required – this will be discussed between the client and myself. If during a session you leave in an unplanned way and I am concerned for your welfare I would try to call you. If this were not possible and I was concerned for your welfare I may feel it necessary to contact your GP or, in the case of immediate risk 999.

**Confidentiality and limits of confidentiality:** Anything discussed is confidential, except for the following circumstances: -

- If there is significant risk to a minor (Child Protection)
- Significant risk of harm to self or others
- Disclosure of Acts of Terrorism
- If working via a 3<sup>rd</sup> Party e.g. E.A.P., Insurance company, reports and clinical discussions may be requested. Please talk with me about your specific circumstances.

Where appropriate I will discuss any intention of breaking confidentiality with the client.

**Supervision:** Good therapeutic practices require all counsellors (of all levels of qualification) to have regular supervision to monitor their practice. I undertake monthly supervision where I discuss certain client issues. (Client names/identifying details are not revealed)

 DA Counselling Ltd

Registration No: 12503437  
Registered Address: Wessex House, Upper Market Street, Eastleigh, England, SO50 9FD  
Registered in: England and Wales

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**Notes:** Notes on sessions are taken for my reference and support (supervision). These notes are kept whilst in continued counselling. Once the counselling has ended the notes will be kept unless requested otherwise (as these maybe requested at a later date). Notes are viewable to the client by request and are not passed to 3<sup>rd</sup> parties, unless requested by the client. If working through a 3<sup>rd</sup> party additional reports maybe requested by that party.

**Referral:** It may also be possible that our work together may highlight the need for a referral to another counselling/psychotherapist practitioner for some form of specialist therapy etc... beyond the scope of my professional training and experience. Alternatively it may (for example) include a referral to your GP for possible medication/or GP referral to another NHS consultant etc.

### **Session details:**

- No food to be consumed during the session as this distracts from the therapeutic process and the clients time.
- Mobile phones to be switched off or on silent. (unless otherwise agreed)
- Sessions are on a one to one basis – others can be present in the house but not in the same room as the session. This can cause a distraction and restrict/hinder the therapeutic process.
- Content of sessions – I work in a humanistic way, which means I do not lead or influence anything that happens during the session.

Additional items agreed by the client and myself

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**Taping of Sessions:** As part of my supervision, or due to my own on-going training requirements, it may be necessary to audio-tape part of/or a complete session from time-to-time. You have the right to decline any request that I might make in this regard. However, should you agree to my request, I will give you at least two weeks notice of my intention to use an audiotape. Any tape recordings that I do make will be erased immediately after the purpose of the recording has been discharged.

**General Data Protection (GDPR):** As part of our work together it is necessary to take certain details (name, contact number, address etc...) I use this data to enable effective communication and support through the supervision term. This data is kept whilst we are working together and afterwards unless requested otherwise (as details maybe requested at a later date). You have a right to view, correct or remove the data kept (unless this conflicts with an insurance or legal obligation). I am registered with the ICO (Information Commissioner's Offices)

**Clinical Will:** In the event of my death or sudden illness that means I am unable to contact you, I have appointed a Therapeutic Executor who will take care of contacting you on my behalf. They are a qualified counsellor/therapist and adhere to the same ethical framework and confidentiality that I adhere to. They will only access your contact details in an emergency, and discuss with you appropriate onward arrangements.

The logo for DACA Counselling Ltd features a stylized red 'D' and 'A' on the left, followed by the text 'Counselling Ltd' in a red, sans-serif font.

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The logo for bacp (British Association for Counselling and Psychotherapy) includes the text 'bacp' in a bold, blue, sans-serif font, followed by a vertical line and a purple square containing a white icon of a person with arms raised. To the right of the icon is the text 'professional standards authority' and 'accredited register'.

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**Client feedback:** I welcome comments on your experience of counselling with me. If you would like to do so, please offer your feedback either in person in the session, by letter, by e-mail or phone, whichever is preferable to you.

All of my work is carried out inline with the Ethical Framework for Good Practice in Counselling and Psychotherapy laid out by the BACP (British Association for Counselling and Psychotherapy) a copy of this can be found at [http://www.bacp.co.uk/ethical\\_framework](http://www.bacp.co.uk/ethical_framework)

I agree to respect you, your values and belief systems and work with you in a way that best suits your needs at the time.

I .....have read and understand the above agreement and agree to these terms and consent to my data being processed.

**Client Signature:**

**Date:**

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