

WORKING AGREEMENT FOR COUNSELLING SESSIONS

The aim of this working agreement is to advise you of how I offer counselling sessions. I hope to highlight the issues you need to be aware of to enable you to make an informed choice. If you agree with this information, please fill in your name, address and sign the section at the end of this agreement.

Confidentiality

Counselling sessions are confidential between the counsellor and the client. The exceptions to this are:

- I attend ongoing counselling supervision. This is in place to assist me to monitor all aspects of my counselling work to ensure that I am working in an ethical manner. If I choose to discuss my client work, I will not use a client's name or any information that makes their identity known.
- In extreme cases confidentiality may be broken where there may be a risk of serious harm to oneself or others. For this reason I will ask you to provide your G.P details (below) for use in emergencies. If this matter was to arise, I would do my best to discuss this with you in advance. This action is highly unlikely to occur but essential if the client's needs require additional support outside the counselling relationship.
- If I become incapacitated or unable to continue work and inform you of this, then my present counselling supervisor will assist you to find additional counselling support if this is necessary. In these circumstances, my supervisor would have a copy of your contact details.
- If I or my counselling notes on your sessions are subpoenaed by a court of law.

Length and duration of sessions

The time limit to the duration of the counselling sessions is 50 minutes, and the sessions are weekly on the same day and at the same time. The sessional slot will be kept available until you decide to end counselling. The contract may last from 6 weeks to 1 year or be agreed as open-ended.

I would like to have two weeks' notice so that we can discuss and come to an appropriate ending. I would appreciate you arriving on time as I do not have a waiting room.

Cancellation of sessions

I need 48 hours' notice of cancellation otherwise the full amount is charged. It may be possible to negotiate a later time on the same day or on an alternative day and I will not charge in such a case. I will give as much notice as possible if I have to change our arrangements or am going on holiday.

Payment of fees for counselling sessions

- My fee per session is currently £.....per individual session (50min), £..... for Tandem session (80 min).
- Increases in my fees will occur when necessary, not more than once annually and notice of three months will be given.
- Payment can be either by cash, cheque or bank transfer – details will be provided



- For any cancelled sessions, I will require you to forward the payment either by cheque, online banking or cash by arrangement. If there is an outstanding fee payment, no further sessions can be booked until the outstanding balance has been settled.
- If you arrive for a session under the influence of non-prescribed drugs or alcohol, I reserve the right to cancel the session. The fee for the session will still apply in these circumstances.

Professional membership of BACP and Ethical Framework for Good Practice.

I am a BACP accredited Counsellor (British Association for Counselling and Psychotherapy) and am bound by their Code of Ethics and practice and it's Complaints Procedure.

Anti discriminatory Practice

I aim to provide a service which is anti discriminatory in nature and endeavour to ensure this commitment is reflected in the counselling process.

Insurance

I carry professional liability insurance cover which includes my counselling practice.

Other

If we meet outside the session, I will wait for you to acknowledge me first. If you are comfortable with acknowledging me then I will be happy to say hello. If not I will respect confidentiality. If any contact outside the session is causing/causes any concern I would ask that you immediately bring it to the next session.

Working Agreement.

Name (please print).....
Address (please print).....
.....
.....
Telephone Numbers:
G.P Name:
G.P Address:
.....
.....
G.P Telephone No:

I am satisfied with all the information given and can agree to work with this counsellor within the requirements of the Counselling

Date:

Client :

Counsellor: