Harborne Therapy

Counselling and Psychotherapy Contract

Client Name: ……. **DOB:**……..

This brief contract sets out the necessary boundaries that will apply as we work together as client and therapist. Counselling/ psychotherapy is a commitment requiring courage and honesty from both parties, and the work needs to held within safe, clear boundaries.

Confidentiality

All aspects of the counselling/psychotherapy are treated with the utmost confidence, with the following limitations:

1. I discuss client work with a clinical supervisor
2. I keep brief written records of sessions
3. I may break confidentiality:
    1. If you or a significant other are assessed to be at significant risk
    2. When required to do so by law.

I will always discuss any action requiring a break in confidentiality before acting.

Session length, cost and cancelation policy

1. Sessions are weekly and last 50 minutes unless previously agreed otherwise;
2. Sessions cost £50 unless agreed otherwise;
3. If you need to cancel an appointment, please provide at least **24 hours notice**.

I will take holidays during the year and ensure that you are notified at least 4 weeks in advance.

Expectations during the therapy / counselling

During our time working together, I expect that:

1. You pay for all sessions.
2. Do not attend counselling/psychotherapy with other practitioners
3. Avoid taking non-prescription ,mood altering drugs or alcohol before a session
4. You will not wilfully damage property in the therapy space or harm me or the property
5. Avoid suicide attempts or dangerous acts of self-harm.

Unless otherwise agreed, contact via phone, email or text-messaging will be reserved for appointments only, and there is no social interaction (incl. social media) outside of the therapeutic relationship. I do not view any online information about clients.

Ethical Standards and Data Protection

I adhere to the Code of Ethics of the British Association of Counselling and Psychotherapy (BACP). If you have any grievance relating to my work, I ask that you bring it my attention initially. If we are unable to resolve the issue to your satisfaction, there is a complaints procedure through BACP, the professional body.

I comply with GDPR (2018) regulations and Date Protection Act 2018. My Practice is registered with the Information Commissioners Office in accordance with these regulations.

Michael Fenton MBACP

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I confirm that I have read and understand the Counselling / Psychotherapy Contract:-

Signed……..…(Client). Date…….

Signed……..…(Therapist). Date……..

I occasionally record sessions for the purposes of reviewing casework with my Clinical Supervisor. Both my supervisor and myself are bound by the professional code of conduct by professional bodies and commit to use of this data ensuring client confidentiality, and handling of all personal data with utmost care. Recordings are held on a secure digital recording device and stored on dedicated hard-drive for a limited period and then destroyed, typically within 6 months. Please indicate that you authorise the recording of sessions.

I authorise the recording of sessions, and secure storage of this data for a limited period

Signed……..…(Client). Date…….

Please complete the following

Home Address

Phone/ email

- Contact name and phone no. in case of emergency (optional)

  ……

- Contact Name and address details of of Doctor /GP (optional)

  ……