**Tel: 07515 419625**



**Web: www.amyharriscounselling.co.uk**

**Counselling Contract for parents / carers**

This contract is between Amy Harris, counsellor and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent / carer of client.

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

Clients address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP / Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sessions, Fees and Cancellations**

We have agreed that I will meet your child for 50 minutes every week/fortnight (unless agreed otherwise) at my counselling room.

We have agreed that my fees will be\_\_\_\_\_\_\_\_. Payment is due before or during each session.

I will try to give you as much notice as possible of any cancellation due to other engagements. I will let you know of holiday dates well in advance. I will always offer an alternative time. Similarly I would appreciate as much notice as possible from you. I require at least 24 hours notice if you wish to cancel a session otherwise the full fee will still be payable.

Counselling frequently comes to a natural end but I would encourage working towards an appropriate ending for the benefit of a healthy and contained experience. I will not end the counselling sessions abruptly unless in extreme circumstances which I would endeavour to discuss with you as appropriate.

**Confidentiality and Records**

The content of our sessions is confidential between the client and me, although at times I will need to discuss work with my supervisor to ensure continuing professional development. I recognise this level of confidentiality may be difficult and will endeavour to encourage my client to speak openly with you.

Rest assured that in exceptional circumstances, where I am concerned for the client’s well being, or that of others, I would breach confidentiality. I would always and in the first instance attempt to gain the child’s agreement to this. Confidentiality would also be broken in the event of a breach of national security.

I may make brief notes after each session and these will be kept in accordance with the Data Protection act (1998). These are purely to help me in my work, they are disclosed to no one other than and if necessary to my clinical supervisor. These notes will be securely stored, and there will be no way that the client can be identified from them.

**Ethics and code of conduct**

As a member of the British Association of Counselling and Psychotherapy I am committed to providing good practice. My insurance includes public liability and professional indemnity.

**Consent**

Please take time to read this contract and suggest alterations if you wish. This agreement is fully understood and agreed to and is signed as it stands by:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (counsellor)

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