

Lynn McNamara MNCS (acc)
Integrative Counsellor and Psychotherapist
Mob: 07515940128
Email: orchidcounselling@hotmail.co.uk
Website: www.orchidcounselling.com

COUNSELLING CONTRACT FORM

In the process of Counselling we will engage in Counselling/Psychotherapy that will enable you to process through difficulties and issues that are present in your life.

This is a contract between Lynn McNamara, MNCS (acc) Integrative Counsellor and Psychotherapist and

Clients Name: _____

Address:

Telephone: _____

Email:

Occupation:

DOB: _____

GP details:

Name:

Address:

Telephone: _____

Frequency and duration of Counselling/Psychotherapy

The duration of the therapeutic process will depend on the type of difficulty or problem the client is facing. Some people prefer to work with an open contract, whereas other people prefer to work with a fixed number of sessions followed by a review. In all cases, every sixth session the counsellor and client will review the therapeutic process together. This helps to

assess whether the clients needs are being met and, this will also help (if required) to carry out necessary adjustments and/or establish new goals for the process.

We have agreed a minimum of _____ sessions to begin our work together.

Payment

Sessions are 50 minutes long and the fee for these sessions are £ _____

Cancellation policy

Cancellation of sessions with less than 48 hours notice will incur a full fee. I always aim to give the client as much notice as possible of any holiday, training, conferences or illness that might prevent me from being available at the time/day of the scheduled session.

Confidentiality

If the client has referred themselves for counselling then no one apart from the client and me would know the client has attended or what was discussed.

As part of my professional standards, I attend a monthly consultation with another therapist qualified in this process. The consultation process is for my practice (rather than seeking instruction on working with the client). In order to protect the client's privacy, my consultant will not know the client personally or professionally. I will only refer to my client by the client's first name, and I may refer to the client information verbally when it is helpful to my professional processes.

Exceptions

In certain circumstances, I may have to make exceptions to the general rules of confidentiality:

1. If I feel that there is a serious risk of harm by my client or others, I will however do my best to inform my client of any decisions that I feel I have to make.
2. Where I cannot contact my client but suspect my client is in danger. For example, if my client had not been seen for several days and family/friends have informed me of their concern, I may disclose information without my client's consent.
3. Where there is a legal requirement to disclose information. This could be because it has been ordered by the court, or because the law requires, for example under the Terrorism Act 2000 or the Drug Trafficking Offences Act 1986, for information to be passed on without consent.

In the first and second of these cases, I would attempt to talk this through with my client if possible.

Influence of alcohol and substances

Sessions will not take place if the client is under the influence of any drugs or alcohol.

PLEASE READ THIS CONTRACT CAREFULLY

This agreement is fully understood by both parties.

Client:

Print name: _____

Signature: _____

Counsellor:

Print name: _____

Signature: _____

Date of contract: _____

