**Counselling Contract**

This Counselling Contract is between

**The Practitioner**, Claire McCartan, and;

**The Client**, Name: ………………………………………………..

Client Address:

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

Client Phone Number: ………………………………….

Client’s GP Surgery: ……………………………………

The Practitioner is a British Association for Counselling and Psychotherapy registered counsellor. The Practitioner works as an integrative counsellor, tailored to suit the individual and drawing upon different theories including Person-Centred, Psychodynamic and CBT Therapies.

**Counselling Sessions**

* Counselling sessions are for a duration of 50 minutes.
* The frequency of counselling sessions will be agreed before or during the first counselling session between the Client and the Practitioner.
* The counselling sessions are open ended, but progress will be reviewed and discussed every 6 weeks.

**Booking and Paying for a Counselling Session**

* Appointments must be booked and paid for online at [www.balancerickmansworth.com](http://www.balancerickmansworth.com)
* Payment must be received in advance of the session in order for the session to take place.
* The charge per counselling session of one hour at The Queens Drive, Rickmansworth, WD3 8LT is £50.00.
* The Practitioner will deliver counselling sessions to the Client’s own home, if, this is within the Rickmansworth or Chorleywood areas, for a cost of £55.00 per one hour session.
* Alternative payment arrangements may be agreed between the Client and the Practitioner.

**Cancellations and Charges**

* Cancellations made over 24 hours in advance of a booked and paid for appointment will be refunded in full, or the appointment can be transferred to another available date.
* Cancellations made under 24 hours in advance of a booked and paid for appointment will be refunded at 50%.

**Confidentiality Policy**

Sessions between the Practitioner and the Client are confidential, with the exception of the following circumstances:

* Evidence to suggest there is a risk of harm to others
* Evidence to suggest there is a risk of harm to self
* Disclosure of illegal activities involving money laundering, terrorism, radicalisation or an undisclosed Road Traffic Accident.

If any information is shared in relation to the above points, The Practitioner may need to discuss this with their BACP Supervisor, the Client’s GP or another professional. In this instance, I would try to speak to the client before a disclosure was made.

**Social Media**

It is not appropriate for the Practitioner and Client to be connected through social media outside of arranged sessions through the Practitioner’s personal accounts. Friend requests and invitations via social media will not be sent or accepted between the Practitioner or Client in this regard.

Clients are however, welcome to follow and contribute to:

* Instagram: Balance Counselling
* Twitter: @BalanceCounsel1
* Facebook: Balance Counselling

If Clients choose to comment and follow the above online accounts, they must be aware of the confidentiality policies of the respective networks: Instagram, Twitter and Facebook. The Practitioner will not tag or communicate directly with any Clients using the above mentioned social media outlets.

**Electronic Communication**

If documents / messages are sent via email, the client must be aware that the Practitioner, although will make their best endeavours, cannot guarantee 100% security, due to external, general internet / browser interferences. Documents received by the Practitioner will be saved under password protection on the Practitioner’s device, but the Practitioner cannot guarantee safety on its electronic journey.

**Contact Between Sessions**

If the Client needs to contact the Practitioner outside of arranged session times, the Client can do so on 07961 475 110 or info@balancerickmansworth.com. The Practitioner is unable to offer client support via email or on the phone so communication should be limited to booking or rearranging appointment times. It may also include pre-arranged communication discussed during sessions with regard to any set work to complete in between sessions. The Practitioner will aim to reply to calls/texts/emails within 24 hours within Monday to Friday 9am – 7pm.

**Termination of Contract**

* The Contract is open ended, therefore can be terminated by the Client or the Practitioner, without incurring charge, with 24 hours notice before any arranged appointment.
* If the contract is terminated within 24 hours of an arranged appointment, and in conjunction with the ‘Cancellation and Charges’ section above, a 50% refund for the appointment will be refunded to the Client.
* As an open ended contract, the contract can be terminated for any given reason.

**Data Protection**

* It is necessary for the Practitioner to capture information and data relating to the Client, in order to deliver counselling services. The Practitioner will comply with the Data Protection Act and the General Data Protection Regulation.
* The nature of the records kept relating to the Client may contain (for example) mental or physical health details, racial or ethnic origin, religious or other beliefs, offences, criminal convictions and alleged offences.
* Personal data such as name, address, bank details (regarding payment of sessions) and age may also be kept by the Practitioner, in able to interact with the Client and provide counselling.
* The Practitioner will take written notes on paper during sessions held with the client. After the sessions, the parts that the Practitioner considers to be relevant will be typed up and stored electronically, on the Practitioner’s device. The Practitioner’s device is password protected. The document that the information regarding the Client is stored on will be protected within the system with a further password, specific to that particular Client.
* The paper notes that are taken by the Practitioner during sessions with the Client will be shredded and disposed of after being electronically stored. The paper notes will be shredded within two calendar days of the session. Before being shredded, the paper notes will be kept in a locked filing cabinet which is accessed only by the Practitioner.
* In conjunction with general data protection guidelines, the Practitioner will keep records for ‘as long as necessary’. In conjunction with the legal principle that you have six years to bring a breach of contract, the Practitioner will hold the Client’s counselling records for 6 years. After 6 years, these records will be destroyed.

**Access to Records**

The Data Protection Act gives the Client a right to access the information that is being held about them. A written request and proof of identity is required and there is no fee. The information will be provided within 30 days and the release of records cannot be made confidential.

**Complaints Procedure**

The Practitioner adheres to the BACP Ethical Framework for Good Practice and a copy of this code is available on request. Please raise any complaints and issues directly with the Practitioner in the first instance, with the hope that these can be satisfactorily resolved.

If the Client feels their complaint with the Practitioner requires external investigation, the Client should submit their complaint to BACP in writing, making sure that this is signed and dated.

A form that may help the Client to include all the necessary information can be found at [www.bacp.co.uk/about-us/protecting-the-public/professional-conduct](http://www.bacp.co.uk/about-us/protecting-the-public/professional-conduct) .

The complaint can be sent to BACP House, Unit 15, St. John’s Business Park, Lutterworth, LE17 4HB, or emailed to Professional\_Conduct@bacp.co.uk. If the Client requires assistance with filling out the complaint form, BACP can be contacted on 01455 883300.

**Signed by The Practitioner:**

(signature)…………………………………………..

(print name)………………………………………… on (date) …………………….

**Signed by The Client:**

*‘I agree with, will comply with and fully understand the content and terms of this Contract’.*

(signature)…………………………………………..

(print name)………………………………………… on (date) …………………….