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COUNSELLING CONTRACT

As your therapist, I look forward to working with you and want to give you some important information about the service you will receive. This will provide a clear framework for our work together and will facilitate our working relationship. Please feel free to discuss this with me at any time.

I am a member of the British Association of Counsellors and Psychotherapists (BACP) and am currently working towards Accreditation with this professional body. I work within the framework of BACP Ethical Framework for the Counselling Professions (www.bacp.co.uk) and am subject to its complaints procedure.

Therapy involves a working partnership between therapist and client and as your therapist I will contribute knowledge, skills and a commitment and willingness to do my best. The determination of success, however, will ultimately depend upon your commitment to your own personal growth and care.

CONFIDENTIALITY AND RELEASE OF INFORMATION:

The therapeutic relationship is based upon the ability to trust and you have the right to expect confidentiality when using this service. However, in the following instances, your right of confidentiality must be set aside as required by law or professional, ethical guidelines. This is a basic standard of practice in counselling and psychotherapy:

- Reported or suspected child abuse i.e. physical, sexual, emotional, neglect, institutional, exploitation, financial abuse. I must report the abuse to Child Protection Services.
- An elderly person or vulnerable person is being abused physically, sexually, emotionally, neglected or exploited, financially exploited. I must report to Adult Services.
- Risk of harm to self. If I believe that harm to self is imminent, then I am ethically bound to do what I can to help you keep safe. This may involve notifying others who may be of help, for example, your GP and next of kin.
- Risk of harm to others. I must warn whoever may be in danger and I must notify the appropriate authorities.
- If I am required to by a UK Court of Law.
- In supervision (confidentially) for the purpose of providing best practice. On occasions where we discover there is a need to communicate with other professionals, I will seek your permission first.
- Please bear in mind that electronic (mobile, email) communication cannot be guaranteed as entirely secure. I will not accept friend requests on any social networking sites.

When the therapist is working with a minor there are times family members will be included in this work. The rules and guidelines for exchange of information will be

mutually decided upon and documented accordingly. The minor should be included in this process.

SESSIONS:

As is standard practice, the therapy session will last 55 minutes. The fee is £35.00 per session. Sessions are open ended.

CANCELLATION POLICY:

Please contact me at least 24 hours prior to cancellation by mobile or email to re-arrange. Non attendance at two consecutive sessions will result in you being discharged from this service.

I will not see a client who is under the influence of alcohol and/or drugs.

TELEPHONE ACCESSIBILITY:

I will return calls as soon as possible should you need to speak with me between sessions. I do not charge for consultations that are less than 30 minutes duration.

If you are unable to reach me and feel that you cannot wait for me to return your call, contact your GP, nearest hospital emergency room, Lifeline, Samaritans for assistance.

COMPLAINTS:

If you have a concern regarding any aspect of the service, please raise it with me, in the first instance.

WRITTEN RECORDS:

It is standard professional procedure to keep a brief written record of our session, contact details and attendance information. These will be held securely and are retained for seven years unless otherwise indicated by you.

AGREEMENT:

Please feel free to ask any questions or discuss any of this information with me. Your signature below indicates that you understand and agree to the above contract.

Client Signature: _____ **Date:** _____

Therapist Signature: _____ **Date:** _____