**Counselling Contract Form**

This contract is between Anchor of Hope Counselling and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client).

Your Counsellor is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a total of \_\_\_\_\_\_\_\_\_ sessions

Client address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**The Therapeutic Relationship**

Anchor of Hope Counselling is committed to providing a safe, non-judgemental environment and offers Good Practice for our clients. Our psychotherapists are registered members of the BACP (British Association for Counselling and Psychotherapy) and work using an integrative model of therapy with a core person-centred approach which gives us the option to cherry-pick the right approach to suit individual client requirements. Our therapists are fully qualified in trauma and narcissistic abuse.

**Confidentiality and Records**

The content of therapeutic sessions are conducted with confidentiality in mind, however it is a requirement that elements may be discussed under professional supervision support. For this, a pseudonym will be used to maintain your confidentiality.

On rare occasions it may be necessary to communicate with other professionals. If this should arise you will be informed, and your permission sought. Notes during or following each session may be written to help monitor work, for which a pseudonym will be used. All notes are securely destroyed.

If it is believed you will cause serious physical harm to yourself or another person, your right to confidentiality may be withdrawn, resulting in the sharing of such information with supervision support, your GP or other professional services. Confidentiality will be broken in the event of a breach of national security.

**Sessions and Fees**

Sessions will be for 1 hour every week/fortnight (unless agreed otherwise).

Charges are £60 per session for an individual, and £80 per session for a couple, and must be paid before your session. If less than 24 hour’s notice of cancellation of a session is given by you (unless

in an emergency or unavoidable/unforeseen circumstances) the full fee for the cancelled session will be payable.

Payment is to be made via bank transfer, and it is recommended a standing order is set up to avoid missed payments. Bank details are below:

Account name: Michelle Ramsay  
Sort code: 07-04-36  
Bank Account: 30369539

If you wish to cease counselling, you may do so at any time, but at least one session after this is deemed important and necessary in order to have a proper ending.

**Data Protection and Privacy**

Any personal data provided by you to Anchor of Hope Counselling through any means (verbal, written, or in electronic form) will be held and processed in accordance with the data protection principles set out in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) for the purposes for which you have given consent, to provide the services you have requested from us, and to meet the legitimate interests of the organisation. A copy of the Privacy Notice is available for download from the website.

**Contractual obligations**

This contract means that you have agreed to pay for counselling and is therefore a legal binding document. This contract will be terminated with immediate effect should money be outstanding for longer than a period of 1 month. In this event your name and contact details will need to be given to the small claims court.

**Cancellation**

Sessions cancelled by you within 24 hours of your session start time will be charged for at the full rate. (unless in an emergency or unavoidable/unforeseen circumstances) Your counselling session will not be possible if you are under the influence of alcohol and /or drugs whether for health and / or therapeutic reasons.

In the event of your therapist not being able to attend a session, you will be given as much notice as possible and an alternative appointment offered.

**PLEASE READ THIS CONTRACT CAREFULLY**

This agreement is fully understood and agreed to and is signed as it stands.

Client signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_