



Counselling Contract

COUNSELLING is a confidential process designed to help you address your concerns, come to a greater understanding of yourself, and learn effective personal and interpersonal coping strategies. It involves a therapeutic relationship; it is my role as a counsellor to support you through this process without judgement.

I am a qualified Integrative Counsellor, which means I draw from different approaches such as Humanistic, CBT and Psychodynamic. All of my work is underpinned by the British Association of Counselling and Psychotherapy (BACP) and National Counselling Society (NCS) guidelines for ethical practice. I also hold professional indemnity insurance.

Sessions will take place at the same location and at the same time where possible each week on the agreed way we are working such as online, telephone or as face to face. Should you need to have a different time for your appointment, please ask ahead of time so I can try to accommodate you to avoid disappointment. The duration of the sessions are 50 minutes.

Online Sessions and Telephone Sessions

I recommend you to use a private, safe and quiet space in which to carry out your online or telephone counselling. This will help you to feel safer for you to explore any difficult issues. And to ensure your confidentiality.

I will be using headphones for both online and telephone sessions. This is so I am the only person within my environment who will be able to hear you. I aim to make our working therapeutic space a confidential and consistent safe space.

If we are working online, where possible please use a private password protected computer and private e-mail address. Virus and spyware definitions are regularly updated on my computer, I ask that you carry out similar safety precautions on your own computer. If the internet becomes a problem and we become disconnected we can convert the session to telephone please have a telephone available if needed.

Face to Face

The location for these sessions is the Fairkytes, Billet Lane, Hornchurch RM11 1AX. My counselling room is Covid-19 Secure please see the Covid 19 contract for more information.

Sessions are charged at £XX per 50 minute session payable as bank transfer or cash.

Bank details:

Sort code:

Account Number:

Account Name:

Please add your name or initials to the transfer to make it easier for me to check for my accounts.

A minimum of 48 hours' notice should be given in the event of needing to cancel a session. If less than 48 hours' notice is not received partial payment will be required. If less than 24 hours' notice is given full payment will be required. If there is a need that I, your counsellor, have to cancel your appointment, I will give you a minimum of 48 hours' notice where possible.



Confidentiality

All interactions within counselling, including scheduling of and attendance at appointments, content of your sessions, progress in counselling, and your records are confidential. You may request in writing that I, your counsellor, release specific information about your counselling to a person that you designate. Any data I have to keep in accordance to my attached privacy policy is mainly stored on paper, including this contract, contact details and brief session notes are all locked in a filing cabinet if any data is kept electronically this is encrypted and password protected all data is only kept for the necessary amount of time.

Exceptions to Confidentiality

If there is evidence of clear and imminent danger of harm to self or others, I am legally required to report this information to the authorities responsible for ensuring your safety. Any illegal activities that include acts or planned acts of terrorism. Child protection issues, where a child could be at risk of harm or neglect, must be reported to the appropriate authorities as not to disclose would break the law.

Unexpected Illness or Endings

In the event of anything happening to me that prevents me from attending a session or from continuing the therapeutic work together - such as illness or death, I have appointed a Therapeutic Executor who would be able to access your contact details and inform you and suggest an onward referral.

Supervision

All counsellors who work under the BACP and NCS ethical code. Attend regular supervision as part of their practice. It's aim is to check I am working safely and to improve my practice. Your anonymity will be protected at all times during this process.

I appreciate prompt arrival for appointments. Please notify me at 07508524408 if you will be late as this will result in a shortened session which will be fully payable.

I have read and discussed the above information and the privacy policy with my Counsellor. I understand the risks and benefits of counselling, the nature and limits of confidentiality, and what is expected of me as a client. I give my permission to Claire Huzzey to make contact with the appropriate external agencies if there arises a reason to believe I am a danger to others and myself.

Client Name	
Client Signature	
Date	
Counsellor Name	
Counsellor Signature	
Date	



Client Contact Details

Name	
Date of Birth	
Address	
Telephone Number	
Email address	
Occupation	
GP details	
Medication	
If you are currently taking medication for a mental health issue, please include details:	
Emergency contact number (in the event of technology breakdown within a counselling appointment):	
Next of Kin	
Name	
Relationship	
Contact number	
Family information	
Alcohol use	
Recreational drug Use	

If any information changes, such as change of address or medication changes please let me know as soon as possible so I can update my files

GAD-7

<i>Over the <u>last 2 weeks</u> how often have you been bothered by the following problems?</i>	<i>Not at all</i>	<i>Several Days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3

Total Score T = ___ = ___ + ___ + ___ + ___

PHQ-9

<i>Over the <u>last 2 weeks</u> how often have you been bothered by any of the following problems?</i>	<i>Not at all</i>	<i>Several Days</i>	<i>More than half the days</i>	<i>Nearly every day</i>
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling/staying asleep, sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself, or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Total Score ___ = ___ + ___ + ___ + ___



Please answer the questions listed below prior to returning the contract to me. The information you provide helps to form part of the assessment for counselling.

Please provide brief details below regarding the issues you would like to explore in counselling:

Are you currently involved in or have you been involved in counselling in the past?

History of Previous or Existing Medical or Psychiatric Conditions or Admissions: If so please provide brief details of the nature and outcome of the support received.

Do you have a history or currently experiencing violence such as domestic violence?

Are you using unhealthy coping mechanisms such as overdose or self-harm?

Have you experienced suicidal thoughts or have you ever felt the need to end your life?

Who do you have as a part of your support network outside of counselling? Such as a friend or family member