

CONTRACT

I agree to enter into counselling with Diane Earl.

I understand that Diane is required to keep notes about our sessions and agree to these being used for professional supervision and regulation purposes.

I agree to pay a maximum of £40 per session. I understand that the sessions will last for 50 minutes.

I agree to pay in full for any sessions missed or cancelled with less than 1 week's notice.

I agree to attend sessions free from the influence of alcohol, non-prescription drugs etc. I agree to turn off my mobile phone during sessions.

I understand that Diane reserves the right to break confidentiality in specific circumstances: These include:-

If I am imminently about to harm myself or someone else.

If I require urgent medical attention

If there is a child or vulnerable person at risk.

If Diane is under a legal obligation to give evidence in court.

NAME DATE.....

I agree to attend the sessions contracted with the above.

If, for any unforeseen circumstance, for example, illness, I am unable to attend, I agree that a nominated person will contact you as my client.

I agree to work to the BACP "Ethical Framework" and abide by the complaints procedures and process of the British Association of Counselling and Psychotherapy (BACP) as a registered member.

If possible, I agree to inform you, my client, if I need to break confidentiality for reasons as stated above.

NAME DATE.....