



DIANE EARL

MBACP (Reg), CQSW, Dip Counselling

Counsellor
Independent Social Worker
Consultant & Trainer

Tel: 07837 411717

Email: dianeearl47@gmail.com

Terms and conditions

* Confidentiality:

The content of all sessions will remain confidential. The only exception to this would be in the following circumstances; these include;

- If Diane believes you to be imminently about to harm yourself or someone else.*
- If you 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.*

Any concerns and necessary action, for example contact with your GP or next of Kin, would be discussed with you first.

- Diane is required to keep notes and will use these for professional supervision and regulation purposes.*

Your details, session notes and any correspondence will be kept securely and Confidentially at all times. Records will be kept securely for 7 years as required by The Codes of Ethics and Practice of Diane's registration body (the BACP).

* Communication and Data Protection:

Whilst every reasonable precaution is taken to ensure communication such as emails remain secure and confidential, this cannot be guaranteed. The email account is not encrypted - please bear this in mind if emailing confidential information and/or attaching confidential documents. It will be assumed that consent is given to reply to such emails, as appropriate unless otherwise requested or stated.

*** Fees and Payment:**

The fee per session is £55 for an hour.

Payment can be made by bank transfer. Bank details will be provided.

There will be no charge to cancel or rearrange an appointment where more than 48 hours notice is given. However, if you are not available for the agreed appointment, the full fee for the session will be expected. This includes illness or emergencies on the day. This is because I have saved the appointment time as agreed and can not fill this space at short notice.

Please sign below If you agree to the terms and conditions as explained above and agree to attend sessions free from the influence of alcohol or non-prescription drugs.

The fees will be revised from time to time. This will be discussed in person and sufficient notice will be given.

NAME.....

DATE.....

As your counsellor, I agree to attend the sessions contracted as above.

If for any unforeseen circumstances, for example, illness, I am unable to make our agreed session, I have 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.....**DIANE EARL**

DATE