

Client contract for counselling with Isabelle Corak Counselling MBACP and MNCS (Accred)

Please read this agreement carefully. It will save time at our first meeting if you can print it in advance, and complete the information required as far as possible. Don't hesitate to ask me any questions, either before, or at the start of our first session, thank you, Isabelle Corak.

All material from our sessions is kept strictly confidential. I may discuss my work with you with my supervisor (it is an ethical requirement for all counsellors and psychotherapists to be in supervision), and my supervisor is also bound by this confidentiality. In supervision, I will take care to preserve clients' anonymity.

If I felt concerned that you were at significant risk of causing harm to yourself or to another during the course of our work together, I might have to consider the need to exempt confidentiality. I would always talk to you about this before doing so.

Exceptions to confidentiality: I must pass on any information to the relevant authorities in cases where human safety is concerned including the following cases:

1. If I believe a child or protected adult is at risk of harm or abuse
2. If you threaten harm to yourself or to another person
3. Where you as a client give consent for the confidentiality to be exempt

Sessions: Sessions are 50 minutes and will be every week typically on the same day and time, suitable to you and within my hours of operation. Please come at the given time, as any session that begins after this time due to late arrival, cannot be extended beyond the agreed finish time. If you do not arrive or call within 30 minutes of the agreed appointment, this will be considered a cancellation and I will not be available for the remainder of the session.

Cancellations: If for any reason I have to cancel a session I will aim to provide you with 72 hours' notice, and you will not be charged for the session. When possible I will try to offer you an alternative time. Likewise, I ask to give me 72 hours' notice, working days (weekend excluded) if you are unable to attend. In an instance where no or insufficient notice is given on your part, the full session fee will be charged.

In the event of a serious accident, emergency, or other similar situation outside your control, please deal with your situation first and notify me at the earliest convenient time, or I will follow up with you typically within 24 to 48 hours of the missed appointment.

I will not be able to keep the counselling space open for you in the following circumstances: If you do not attend two counselling sessions without contacting me

Holidays: I will give you a minimum of three weeks' notice of any planned holiday dates when I will be unavailable. I require (where possible) at least two weeks' notice from you.

Number of Sessions: I usually ask that you consider committing to six sessions before realistically evaluating the effectiveness of therapy. Together we can review/discuss this. Subsequently, the contract can be renewed verbally for additional sessions. We may include changes in dates and times or frequency of sessions. Part of the review process is to determine if more sessions are necessary in order to reach your goals. If we both collaboratively agree that more sessions are beneficial, we can then contract for more sessions (usually three to eight) before ending therapy or reviewing the process again.

I understand that your life circumstances may suddenly change. You may at any point desire or be obligated to discontinue therapy. Whatever the reason, I respect your decision but kindly ask that you give one weeks' notice before finishing so that we have the chance to discuss your decision.

Session Fees: Session fees are £60/£55 concession per 50 minute session for individuals and £80 for couples. Fees are revised twice a year and I will give you one month notice. I ask for full payment before our first session.

Method of Payment: By cash or by bank transfer at the conclusion of each session.

I am NCS, BACP and RCN accredited and registered. I am also a member of the ICO. Therefore, I abide by these organisations' codes of ethics, complaint procedures and confidentiality policies, please see their websites for further information.

Agreement - I understand and agree to the client contract described on this page.

Name

Address.....

Date of birth.....

Email

Telephone

GP name

GP surgery

Next of Kin.....

Your signature

Date