

Kristin Crenshaw Harding Counselling Client Contract

Agreement between (list all names) _____ (referred to as “you”, “your” and “client”) and _____, Counsellor, (referred to as “I”, “me”, “my”, “counsellor”)

Aim of Counselling: The aim of counselling is to provide you, the client, with a confidential opportunity to explore personal and relational issues in safety. The role of the counsellor is to help the client through this process with unconditional positive regard. The counsellor may give information or offer suggestions, but the role of the counsellor is not to instruct the client on what to do. During counselling, the client and counsellor will set goals agreed upon together. The client agrees to work towards the goals. If at any time I feel I am not best suited to help you, I will offer to refer you to someone who can.

Description of therapy: A description of therapy can be found at:
<http://www.holistichealthhackney.co.uk/therapy/detail/counselling-psychotherapy.html> and
<http://www.holistichealthhackney.co.uk/practitioners/detail/kristin-crenshaw.html>

Confidentiality: To ensure open exploration of the concerns that have brought you to therapy, the counsellor maintains confidentiality in accordance with the British Association of Counselling and Psychotherapy (BACP) Ethical Framework for Good Practice in Counselling & Psychotherapy (Code of Ethics) – see www.bacp.co.uk. I am a registered member of the BACP and am bound by their Code of Ethics.

Under the same BACP Code of Ethics, I keep client records (short notes about what happens in sessions) that are kept anonymous. Records are only kept for as long as the counsellor deems necessary and are destroyed after use.

I adhere to the Data Protection Act of 1998: www.legislation.gov.uk/ukpga/1998/29/contents and the General Data Protection Regulation (GDPR) (EU) 2016/679: www.ico.org.uk and the GDPR 2018 Reform: https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en

The counsellor receives regular supervision in accordance with the BACP Code of Ethics to provide the best possible service. The supervisor of the counsellor abides by the same standards for confidentiality and data protection.

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

1. If you threaten harm to yourself or to another person
2. If I believe a child or protected adult is at risk of harm or abuse
3. If the courts instruct to give information
4. If you share information about a proposed act of terrorism or other illegal act

If the counsellor feels that either you or someone else is in danger or at risk of harm, the counsellor will first endeavour to discuss with the client the need to break confidentiality. Depending on the circumstances this may be with your General Practitioner (GP), the individual in danger, a Social Worker and/or the Police.

However, the counsellor retains the right to break confidentiality without prior consultation with the client should the counsellor feel that it is an urgent situation that requires immediate action to safeguard the physical safety of the client or others.

In certain cases, you, the client, may request that the I share information concerning you. In these cases, I require written permission from you before I can carry out your request.

Sessions: Sessions last approximately 50 minutes. It is expected that the session will begin at the agreed upon time. Any session that begins after this time due to late client arrival for whatever reason cannot be extended beyond the agreed finish time. If you do not arrive or call within 15 minutes of the agreed appointment, this will be considered a cancellation and the counsellor will not be available for the remainder of the session.

Contact between sessions: In instances where you need to contact me between sessions, please phone Holistic Health at 020 7275 8434, email me at crenshaw.kristin@gmail.com, or in urgent cases, ring my personal mobile at 07788 924808. If I am unable to take your call, please leave a message. Calls and messages will be responded to as time permits between sessions within normal operating hours. Please respect that the counsellor is not a crisis or emergency service. If you need to speak to someone immediately, please contact your GP, 999, NHS 24 (08454 242424) or the Samaritans (08457 909090).

Cancellations: If I must cancel a session, I will aim to provide you with 24 hours' notice from the booking start time, and you will not be charged for the session. Likewise, I ask that you give me 24 hours' notice if you are unable to attend your session. You will not be charged for appointments missed provided you give me at least 24 hours' notice. If cancellations are made between 24-12 hours of the booking start time, I will bill for the reimbursement of the room rental fee at Holistic Health only (£23). Cancellations made less than 12 hours or no-shows will incur the full fee of the counselling session. Exceptional circumstances can be discussed with the counsellor.

Holidays: I will give you a minimum of 2 weeks' notice of any planned holiday dates when I will be unavailable.

Session Fees: Sessions last 50 minutes and fees are £63, as charged by Holistic Health.

Method of Payment: By cash at the end of each session.

Complaints: Should you wish to make a complaint about the service you have been offered please contact the BACP at www.bacp.co.uk.

I, Print Name..... hereby agree to receive counselling provided by Kristin Crenshaw Harding and give consent for them to process my client data in compliance with the General Data Protection Regulation (GDPR)
 Kristin Crenshaw Harding Counselling & Yoga at Holistic Health / 64 Broadway Market, London E8 4QJ / Holistic Health: 020 7275 8434 / crenshaw.kristin@gmail.com / www.kristincrenshaw.com

Signature.....

Date.....

Phone

Does the counsellor have permission to leave a voicemail regarding a booking? yes no

Email.....

Preferred Method of Contact: Phone Email

GP name(s).....

Surgery Name.....

Surgery Telephone.....

Contact in case of emergency: Name.....Phone.....

Goals for therapy.....
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Therapist Signature.....

Date.....