

Birch Grove Therapy

Therapy information and contract

Dear client, I would ask that you take time to read the following information carefully as this agreement will form the basis of our projected therapeutic work. If you agree with the conditions, we will both sign this contract.

Professional information

I work within the guidelines, code of ethics and professional practice standards set out by the British Association for Counselling & Psychotherapy.

Confidentiality

All sessions will be conducted in the strictest confidence and this confidence will be maintained, and applied to any and all records, in accordance with the Data Protection Act, except in the following instances:

- 1) Where the client gives consent for the confidence to be broken.
- 2) Where the therapist is compelled by a court of law.
- 3) Where the information is 'of such gravity that confidentiality cannot be maintained'. This usually means a situation where the therapist considers the client an imminent danger to others or themselves. This is the case in circumstances such as Acts of Terrorism and current Child abuse.
- 4) In my professional capacity, I am required to attend regular clinical supervision, whereby I will present and discuss our work together in consultation, please be assured that your identity will be protected at all times. Clinical supervision is a mandatory professional requirement for all professional therapeutic counsellors working under BACP guidelines.
- 5) In certain instances and by initial prior agreement with clients, sessions may be digitally taped for accuracy of recording purposes and professional development. These recordings are then subsequently deleted. I would always attempt to speak to you first before breaking confidentiality.

Sessions, payment, cancellations and holidays

Appointments take place on a weekly or fortnightly basis as per our initial working agreement and run for a duration of time (be this a specific time period or an open ended time agreement of sessions) that is agreed by both parties in the initial session. The session time is 50 minutes and the fee per session will normally be £40 per session. I work with the condition that you will pay the full fee for any session that is missed, or cancelled less than 24 hours in advance. Where possible an appointment will be rearranged during that week. In the event of an emergency, which is mutually agreed, there will be no charge. Payments should be made by cash at the start of each session or via cheque to Heidi Mellonie.

Contracting for Artwork as part of a Counselling Session

Within a session we may work together creatively in a number of different ways, including;

- Working creatively with symbols, pictures, figures, puppets and sand trays.
- I may suggest you do some artwork to explore your feelings.
- We may also work with journaling, story-telling and other similar approaches.

I will encourage you, but not force you into working creatively.

The artwork or creative work you do within a session remains your property. Where appropriate I will always ask your permission to take a photograph of what you have done for your file. It may also be possible for me to keep paper materials for you if required. In most cases, all materials are included in the cost of your session.

In the event of our finishing therapy, I will discuss with you what should be done with any art or other work still in my possession.

<u>Personal Information</u>	
Name:	Date of Birth:
Address:	
Telephone Number:	
<u>Doctors Information</u>	
GP Name:	Telephone no:
Address:	
Doctors Telephone no:	
Relevant medical history: (e.g., depression, cardiac; fits/epilepsy; asthma; diabetes)	
Current Medication: (Please provide information regards duration and amount in mgs)	
Contact details in case of emergency:	

I may from time to time engage in continuing professional development and / or apply to further my qualification. I will be required to write up various clinical case studies and / or vignettes. No names, geographical or professional status will be disclosed.

I reserve the right to vary these contract terms from time to time, in which case I will endeavour to give good notice and time for discussion. If you do not wish me to write about, all or any part of, the clinical process in our work together, please advise me as soon as possible.

We have discussed and agreed this therapeutic contract:

Client

Name:.....

Signed:..... (Client)

Date:.....

Counsellor

Name:.....

Signed:..... (Counsellor)

Date:.....

DATA PROTECTION CONSENT

In accordance with the European Union's General Data Protection Regulations (GDPR) introduced 25th May 2018 I am required to request additional permission to hold client records relating to our work.

By signing below, you the client indicate that you agree to a record being kept and used for the purposes of our counselling work and also indicate that you have been informed of the purpose for which the record has been made and how it will be used and the limitations of its use in accordance with confidentiality practice guidelines.

Name:..... **Signature:** **Date:**