**Contract of Counselling Services**

1. I, Melanie Young (nee Lucas) MBACP (**I**) agree to offer the service of Counselling to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**You**) by offering a safe, relaxed and confidential space.
2. **You** agree to be open to receiving counselling under the aforementioned conditions.
3. **You** and **I** will work together to build a therapeutic relationship built on an honest, trustworthy and non-judgmental foundation.
4. Confidentiality 1: **I** will take handwritten notes during and/or after each session. These notes will contain only the information necessary for the flow of the sessions or any concerns that **I** feel might be addressed. These notes will be kept in a locked location between sessions. To maintain ethical and best practice, **I** am professionally obliged to attend clinical supervision each month. The aim of these sessions is to ensure **I** am working safely and ethically in line with BACP Ethical Framework and code of practice. Therefore, some details of our session will be discussed. However, **you** will only be referred to by a pseudonym. **I** may also need to refer to these anonymised notes should **I** be required to write a case study for future training. **You** have a right to see a copy of these notes should **you** wish to. **I** hold a clinical will with Julia Lofts, in the event of my death or serious incapacitation, they will contact **you** to inform **you** and destroy all notes/files/personal information as required.
5. Confidentiality 2: Should **you** disclose to **me** something that may lead **me** to be subject to civil or criminal proceedings should the information not be disclosed when requested lawfully, **I** have a professional obligation and moral duty to disclose this to the relevant authorities. Likewise, if **you** disclose that another person is at risk of harm, adult or child, **You** and **I** will discuss how to take this to the relevant outside agencies, if **you** do not make the authorities aware, **I** will. **I** will endeavour to inform **you** that this is my intention before doing so.
6. Fee Scale: £35 - £65 dependant on low, middle or higher income. To be negotiated during the assessment session.
7. Fees are to be paid at the conclusion of each session via bank transfer or 4 weekly.

Ms Melanie B Lucas, 30-95-37, 27683168, Lloyds Bank.

1. Missed Sessions: Any session cancelled or missed with less than 24 hours’ notice must still be paid. If **you** Consecutively miss two sessions with no contact, **I** will assume you no longer wish to attend **your** sessions and your time slot will be offered elsewhere. An invoice will be sent to **you** for the missed sessions.
2. Outside contact/Boundaries:
   1. If **you** see **me** inadvertently outside of the session, would **you** wish to be ignored or acknowledged?
   2. What is **your** preferred method of conduct? Text/email/voice message/answer service and times.
   3. **I** prefer to be emailed in the first instance. **I** aim to respond to contact within my working hours - Mon-Fri 9am – 5pm. **I** will not accept social media friend/follow requests, this keeps our therapy boundaries clear.
   4. If **you** feel **you** are at risk outside of our sessions then 111, 999, Samaritans 116123 or **your** GP must be **your** first option.
3. Sessions: Each session is 50 minutes long. Following the initial assessment session **you** and **I** will work together for 10 sessions and then review how the work is progressing. **You** and **I** will agree the length of the next set of sessions together. If there is anything **you** wish to challenge or change about the work, **I** ask that **you** bring this up or discussion in our session.
4. Grievance/Complaints: If there are any grievances or complaints that **you** feel **you** cannot speak to **me** about, **you** have the right to discuss the difficulties with **my** clinical supervisor – Julia Lofts [Julia.lofts@gmail.com](mailto:Julia.lofts@gmail.com) or make a complaint to the following organisation: British Association of Counsellors and Psychotherapists, email: [professional\_conduct@bacp.co.uk](mailto:professional_conduct@bacp.co.uk) (note there is an underscore symbol between Professional and Conduct).
5. Conflict of interest: Should such an instance occur **I** reserve the right to cancel the counselling contract following a discussion about ethical practice and boundaries with **my** Supervisor.

Counsellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_ Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_