**Ellen Jameson Counselling**

**Counselling Agreement**

**Fees**

Sessions last 60 minutes and cost £80, payable a minimum of 24 hours in advance of the date of each session. We will agree between us when we will meet. This will usually be at the same time on the same day at agreed intervals, typically once a week. If you need to cancel a session, please give at least 24 hours’ notice. In the event you give less than 24 hours’ notice, my full fee will be payable. This is because the time is valuable and could be used by someone else.

I try to keep my fees as low as practicable. In the event there is a rise in my fees, I will give you one month’s notice before the rise takes effect.

**Contact**

From time to time, I may need to contact you regarding appointment scheduling, etc. By signing this Agreement, you will be consenting to my contacting you for professional purposes. Please indicate how you would prefer I do so:

By phone Yes No

By email Yes No

By text Yes No

**Confidentiality**

Our work is confidential, and I will not disclose any information from or about you to anyone other than my clinical supervisor, except where legal limits to confidentiality apply. Situations where I am legally required to break confidentiality include:

* If a client has committed a serious criminal offence, or is involved in terrorist activity.
* If a child is at risk of serious harm.
* If, during our work together, it emerges that a client has been sexually abused and there is the possibility of further abuse being committed, my responsibility is to support my client whilst disclosing the situation to the authorities.
* If I consider there is serious danger of clients harming themselves or another person.

In all cases the decision to disclose will be taken in consultation with my clinical supervisor and you will be informed.

**Ethical Guidelines**

My work is conducted in accordance with *The Ethical Framework of Counselling* of the British Association of Counselling and Psychotherapy (BACP), of which I am a member. As such our work together, excluding identifying features, will be supervised by an experienced and qualified clinical supervisor. Personal information (names, addresses, telephone numbers, etc.) will be known only to me. Any notes taken will be used only as an aide memoir and will be kept securely, without identifying information.

Client’s Signature:

Print Name:

Date:

Sort code: 40-47-82

Account no: 80582735