



## Client/Therapist Working Agreement

- 1) The client is free to discuss their therapy with anyone whenever they choose. All information discussed in the sessions will be held by the therapist in confidence. The only exceptions to this being when the client tells that
  - There are significant fears of threatening to hurt self or others
  - There are significant fears that a young person (up to 18) is being severely abused in some way
  - There is a significant risk that the client is involved in terrorism, (Terrorism Act 2000).

Should any of the above occur the therapist will discuss with the client a suitable course of action where possible and/or may breach confidentiality only as regards the above information.

- 2) Each session will last for up to 50 minutes.
- 3) The session fee is £60 and can be paid either by cash or bank transfer to  
Your Safe Harbour  
Sort Code 40-19-07  
Account Number 31481991

- 4) Cancellation Policy.
  - a) If the therapist cancels the session and cannot rebook a time to the client's convenience then there is no charge to the client for the missed session.
  - b) If the client cancels a session and cannot rebook to the therapist's convenience (all attempts will be made to accommodate any movement) then the client is required to pay for the missed session at their earliest convenience.

If the client then finds that they can, in fact, now use their regular session time, the counsellor will be available (providing at least 2 hour's notice is given by phone to the therapist) should no alternative session have been arranged.

- c) If the client wishes to end their counselling then they should give one week's notice (ie tell the therapist the week before they wish to end and come the following week to have their final session). This is not just for practical reasons but also is good practice and recommended for the client's wellbeing. This final session will be charged at the usual rate.

5) The therapist is registered with UKCP and BACP and as such will follow best practice at all times.

6) The therapist and client may amend or cancel this agreement at any time after a mutual agreement has been reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Elissa Vale

(Therapist)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

(Client)