

COUNSELLING CONTRACT

Please read all the information in this document and complete and sign the Client Information Form at the bottom. If you prefer, we can go through the contract and Client Information Form when we first meet.

GENERAL INFORMATION

Counsellor Contact Details

Name: Dan Hildrew

Email: dan@danhildrewcounselling.co.uk

Phone: 07396 800288

Sessions and Fees

Counselling sessions last 50 minutes. Having regular sessions can help the process flow smoothly and effectively, allowing for steady progress without interruptions. We can start with a frequency that works for you which could be weekly or fortnightly at first, then shifting to monthly over time. We can chat about it in our first session and adjust as we go.

The fee is £35 per session, payable the day before via bank transfer or PayPal.

Online counselling and technical issues

If you are unable to join the online session, please call or email me.

In case of connection failure **during** a session, I will attempt to reconnect twice. If unsuccessful, I will contact you on your preferred number to discuss the next steps.

Cancellation and Charges

Please provide a minimum of 24 hours' notice if you cannot attend a session.

Cancellations with less than 24 hours' notice or non-attendance will need to be charged for.

Ethics

I adhere to the BACP (British Association of Counselling and Psychotherapy) ethical framework and ensure regular supervision.

Confidentiality

In adherence with the BACP ethical code, counselling sessions are confidential with these exceptions:

- I am obliged to break confidentiality if a client were to disclose involvement in, or knowledge of, an act of terrorism, money laundering or drugs trafficking.
- I have to discuss any instances of serious harm to self or to others with my supervisor, to ensure client safety is priority.
- I am legally obliged to report harm or abuse to a minor or vulnerable adult.
- In extreme cases a counsellor may be legally compelled to provide information at the request of a court of law.
- A counsellor may break confidentiality if the client specifically requests this.

Counsellors are required to have regular monthly supervision. Cases may be discussed during this time, but client anonymity is preserved. My supervisor follows the same procedures for confidentiality that I do.

Privacy & Security

As a counsellor in private practice, I need to collect certain information to effectively work together and to comply with BACP and insurance requirements. This information includes:

Your name
Your date of birth
Your contact details
An emergency contact
Relevant medical information and GP contact details
Presenting issues and brief, factual counselling notes from our sessions

This information is accessible only to me unless you authorise its release or I am required to disclose it by law.

All client material is handled according to BACP, insurance and GDPR guidelines.

Your Client Information Form, attendance records, and brief session notes are stored in a locked cabinet accessible only to me.

After our counselling agreement ends, your information will be stored for 7 years in line with BACP and insurance guidelines, after which it will be destroyed.

For online counselling, I use encrypted services where you will receive a secure link for your sessions. At my end, online sessions take place in a private and locked room to ensure no third party can access our meeting.

CLIENT AND COUNSELLOR AGREEMENT

Session Timing: I will ensure our sessions start and end on time, providing a full 50-minute session as scheduled. If you are late or we encounter technical issues (online counselling), I cannot extend the session as it might disrupt subsequent appointments.

Cancellation Policy: If I need to cancel, I will strive to notify you at least 24 hours in advance unless I am severely ill and unable to contact you.

Leave Notice: I will give you at least 7 days' notice if my annual leave affects our session schedule.

Online Counselling: Choose a private, quiet space where you won't be disturbed or overheard for our online sessions. This helps you engage more effectively in our work together.

Confidentiality: I maintain strict confidentiality regarding our sessions and ask you to do the same, refraining from sharing session content with others.

Substance Use: To get the most out of our sessions, please do not attend under the influence of substances like alcohol or drugs, as it may affect your engagement and memory of the session.

No Recordings: Sessions cannot be recorded to protect privacy and confidentiality. This ensures compliance with ethical, data protection, privacy, and insurance standards.

Missed Sessions: You will be charged for the session if you miss it without providing at least 24 hours' notice via email or phone. Notice is valid if received at least 24 hours before the session, even outside of working hours.

Contact Between Sessions: My telephone number and email address are for cancellations or changes to appointments only, I can only offer you counselling by prior appointment. If you require emergency or urgent professional assistance outside of our sessions, please contact NHS direct telephone 111, your GP, the emergency services or the Samaritans freephone 116123.

For any questions about this agreement, please email me. If you prefer, we can complete the contract during our first session together.

CLIENT INFORMATION FORM

Please complete this form and return it to me with the rest of the contract. We can complete this together in our first session if you prefer, just let me know.

Your full name:
What you prefer to be called:
Preferred pronouns (optional):
Date Of Birth:
Address:
Postcode:
Phone number:
Is it OK to leave a voice or text message? YES <input type="checkbox"/> NO <input type="checkbox"/>
Email address:
Briefly, what are you wanting to explore in counselling sessions?
What type of counselling (if any) have you had in the past, and what did you find helpful?
Details of any relevant historical or existing health conditions:

Recent (within the last year) hospital admissions:
Brief details of any current prescribed medications:
GP name, Surgery, and telephone contact details:
Do you give consent for me to contact your GP if necessary: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Name of who to contact in an emergency:
Their relationship to you:
Phone or email address for your emergency contact:
How did you hear about us?
Any other information you feel is relevant:

Please tick the boxes below to confirm you have read and understood this document before filling in and returning the agreement. By completing and returning this form you are consenting to the Dan Hildrew Counselling Contract:

- ☐ ***I confirm that I have read, understood, and agree to the terms of the Dan Hildrew Counselling Contract outlined above.***
- ☐ ***I agree to my data being used and stored in the ways outlined above (see the Privacy Policy on the website for more detailed information).***

YOUR FULL NAME:
DATE: