

Client Contract

Client Name: _____

Start Date: _____

End Date: _____

Confidentiality: I am an accredited member of Irish Association of Counselling & Psychotherapy (IACP) and am bound by its Code of Ethics and Practice. Confidentiality is guaranteed in all work carried on during the session. There are three exceptions:

1. If you are intending on harming yourself,
2. If you are intending to or are harming another person
3. If you disclose the name of someone who is abusing children or from whom children may be at risk of abuse, I am ethically bound to report this fact. I operate under the Children First Guidelines, which stipulates that any current risk of Child Sexual Abuse is reported to the relevant authorities. In cases of Child Sexual Abuse, I need to know what action has been taken in relation to the protection of minors who may be at risk. However, in all cases I will discuss in advance with you the communications I am obliged to make.

Frequency & Duration of sessions: We have agreed that we will meet every _____ and review our work periodically after every five sessions. Sessions will last for 60 minutes from the scheduled starting time. It is your responsibility to be on time as delays cannot be made up at the end of the session.

Commitment to the Counselling Process: Having made the decision to come for counselling it is important that you commit to the process and attend regular sessions. This is vital to assist you achieving resolution. Painful issues do arise in this work and these can be disturbing and uncomfortable for you. This also means that a decision to end counselling or therapy is best discussed in advance so that you can finish in a planned way.

Fees: We have agreed on € _____ per session payable at the time of appointment. This will be reviewed periodically. You will be given at least one month's notice of any change in the fee.

Cancellation policy: If you are unable to keep an appointment or wish to reschedule your appointment please give me at least 48 hours' notice. Your session time is reserved for you each week, therefore missed or cancelled sessions must be paid for unless an alternative mutual suitable time can be found in the same week.

Medical Liaison: In certain circumstances and only with your permission I may ask to consult with your GP, psychologist / psychiatrist or other health care professional to discuss your on-going treatment options. You will be kept fully informed throughout this process.

Supervision & Data Protection: As an accredited practitioner I adhere to the IACP Code of Ethics for Counselling & Psychotherapy and attend regular supervision sessions to review any on-going client work. I keep a brief record of sessions which are stored in a secure location. In line with the IACP guidelines records will be stored for a duration of 7 years before being destroyed.

Therapist's Signature

Client's Signature

Date

Date