**CLIENT CONTRACT**

* I, Diane Bellis, as the sole proprietor of Inner Freedom Counselling, am an Accredited Registered Member of the BACP (British Association of Counselling & Psychotherapy). I work within an Ethical Framework in accordance with rules set out by the BACP.
* I have a First Class Honours Degree in Counselling & Psychotherapy.
* I have indemnity insurance with Markel International Insurance Company Ltd.

**My commitment to the client**

* I will offer an appropriate, quiet, and undisturbed space.
* A clients’ information is their property, so it is kept confidential in accordance with the Data Protection Act 1998. Please see attached GDPR Statement.
* It is a professional requirement that I attend regular supervision and discuss client cases to ensure I am working in the best interest of my clients. Clients will be presented anonymously.
* I have a legal obligation to inform relevant agencies necessary to prevent harm. This only happens if clients are at risk of seriously harming themselves, where there is suspected child abuse, or where there is a threat to seriously harm someone else, including terrorism, drug trafficking or money laundering. I will try to involve my client far as possible in this process.
* In the event of my incapacitation, I have made a clinical will, and a trusted person would gain access to my clients’ details in order to be able to inform them.
* If I am unable to attend a session, I will endeavor to contact you by e mail or text message at least 24 hours prior to our appointment and re-schedule as appropriate.
* You have the right to complain to the BACP, the contact details: 01455 883344 or [ask@bacp.co.uk](mailto:ask@bacp.co.uk).
* If during an online session technology breaks down on either side, I will attempt to re-establish a connection immediately, if this is not possible a new appointment will be rescheduled using the preferred means of contact.
* If I have safety concerns at any time during a session, I will contact either the agreed emergency contact provided, the clients G.P. or the emergency services as appropriate.
* My practice is under the jurisdiction of UK law.
* Fees:
  + £45 50 minutes Online or Telephone session
* £40 30 minutes Online or Telephone session
* Payment for sessions is made by bank transfer to the following account:
* Acc. No. 02111173 Sort Code: 07-09-76
* Payment must be made within 12 hours of the end of the session.

**CLIENTS COMMITMENT**

* Regular access to sessions is important to gain the full benefit from the counseling process.
* To be prepared at the start of each session in a quiet, undisturbed place and be mindful that confidentiality is the clients’ own responsibility when working online or by telephone.
* If you need to cancel an appointment please provide at least 24 hours’ notice, either by telephone, text message, or e-mail, using the contact details below.
* If you fail to provide 24hrs notice you will be charged a £20 fee.
* It is important that you do not access counseling sessions under the influence of alcohol or drugs, this is for your benefit, I would reschedule the session but charge the £20 missed session fee.
* If you do not access 2 sessions without providing notice your counselling may be terminated. You will be advised in writing.
* Each session will be 50 minutes, unless a 30-minute session has been agreed.
* Communicating with your therapist outside agreed counselling sessions is limited to making, changing, or cancelling an appointment unless by prior agreement.
* You must let your therapist know if you are in or are considering starting another therapeutic relationship.
* You agree to give permission to contact your GP, or nominated adult if under 18, if the therapist has serious concerns about risk to you, the client, or others.
* No recording of counselling sessions is permitted at any time, unless by prior agreement.

I confirm I understand and accept the conditions of the service of Inner Freedom Counselling.

Name: ………………........................................................................................... Ref: ……………………….................

Signed: ……………………………………………………………………………………………………... Date: ……………………………………

Agreed contact details: E-mail…………………………………………………………………… Tel: ……………………………………….

