

Counselling Agreement

This contract states our responsibilities for the time we engage together in counselling.
It is a mutually agreed contract between:

Ian Cartwright, Counselor and Client _____,

About You

Name: _____

Address: _____

Phone number: _____

Email address: _____

If you are currently taking medication in relation to your psychological health, can you please write down the name and dose in the space below?

The aim of our work

This contract is to help you understand the counselling process, its limitations, and its boundaries. counselling aims to provide an opportunity for you to work towards living in a more satisfying and resourceful way. I will provide a confidential, nonjudgmental, safe space for you to explore your thoughts and feelings to assist your learning, healing, understanding, and growth. It is a process in which we work together. I will not tell you what to do but help you discover your solutions and way forward.

Confidentiality and Data Protection

Our work together is confidential. It will only be breached in specific circumstances, namely, if there is evidence of harm to self or others and in compliance with the law (Terrorism Act 2000, Drug Trafficking Act 1994, Proceeds of Crime Act 2002, Money Laundering Regulations Act 2007, Road Traffic Act 1991, Serious Crime Act 2007 and a specific Court Order). In addition, I have monthly supervision with a qualified supervisor, which provides me with assistance and guidance. Client work may be discussed in these sessions, but no individual names will be mentioned.

I will keep brief notes of our sessions within which no individual names will be mentioned. In line with GDPR requirements, all hard copy personal data will be stored in a security safe, and all electronic data will be password protected. All personal data will be stored for three years after the end of the counselling relationship, after which time they will be disposed of securely. Hard copy data will be shredded, and electronic data will be deleted from all devices. You can access information about my GDPR policy on my website - <http://www.iancartwrightmhfa.co.uk>.

I have asked a trusted professional who is also my wife, Alison Cartwright, to contact you if I am called away or incapacitated by a severe and sudden illness, accident or death.

Our sessions

Each session lasts 60 minutes and will take place at a mutually agreed-upon time. While our counselling is open-ended, periodic reviews of our work together may occur at mutually agreed-upon times. The cost of our sessions is £50.00 per 60-minute session. I also offer a pay for ten but receive twelve sessions offer

Please note that I require 24 hours' notice of cancellation. If you cancel after this time, you may be charged a late cancellation fee of the total session cost.

Ethical Standards

I am an accredited member of the British Psychotherapy Society (BPS), and I work to meet their ethical standards. A copy of these standards can be found on the BPS website at <https://www.bps.org.uk/>. I am also fully insured, and I am registered with the Information Commissioner's Office (registration no. C1377007)

G.P. / Next of Kin or Friend contact details

Please provide details of your G.P., next of kin, or friend. I will only contact them if I have concerns about your safety or harm to others.

Name of G.P. _____

Address: _____

Phone number: _____

Next of Kin: _____

Relationship: _____

Address: _____

Phone number: _____

Please tick to confirm what formats you agree for Ian Cartwright Compassion Focussed

Therapy to contact you: Text Phone call Email Zoom.

Your privacy and confidentiality are essential, and I will never use your information for any purpose other than that to which you have explicitly consented in this contract. You may withdraw your consent at any time by getting in contact with me via 077794377321 or email: ian@iancartwrightcft.co.uk

I have read, understood, and agreed to the terms and conditions of this contract. I have access to GDPR information and, if relevant, have received the accompanying remote working policy.

Signature of Client: _____

Date: _____

Signature of Counsellor: _____

Date: _____