



Inside Matters Counselling Ltd

Counselling Agreement

Katherine Gregg Accredited Member BACP

Agreement between (all given names) _____

(referred to as "you", "your" and "client") and Inside Matters Counsellor / Therapist, _____

(referred to as "I", "me", "my", "therapist" and "Inside Matters Counselling", which is operating under Inside Matters Counselling Limited).

Aim of Counselling: The aim of counselling is to provide you, the client, with a confidential opportunity to explore personal and relational issues in safety. The role of Inside Matters Counselling is to help you through this process without judgement or telling you what to do. I may on occasions give information or offer suggestions. During counselling, we set goals agreed between the client and the therapist. The client agrees to work towards the agreed goals. If at any time I feel I can no longer help you, I will offer to refer you to someone who can.

I will provide, to the best of my ability, Counselling opportunities that endeavour to create a supportive, non-judgmental environment in which you will be given time and space to understand and gain insight into your situation. This process can foster growth and lead to positive change in your life. I will not be in a position to offer advice, but may offer an experience or theory. There may be occasions where I ask questions, this may be to seek a clearer view of your difficulty or to clarify a misunderstanding in our communication. You are free to ignore my questions and responses, or alternatively spend time between sessions reflecting on them.

Description of therapy: can be found at: <https://inside-matters.co.uk/counselling-in-sussex>

Confidentiality: To ensure open exploration of the concerns that have brought you to therapy, Inside Matters Counselling maintains confidentiality in accordance with the British Association of Counselling and Psychotherapy (BACP) Ethical Framework for Good Practice in Counselling & Psychotherapy (Code of Ethics) – see www.bacp.co.uk/ethical_framework. I am a member of the BACP and bound by their Code of Ethics. Under the same BACP Code of Ethics, Inside Matters Counselling keeps client records (short summaries about what happens in session). We adhere to the Data Protection Act of 1998 see: www.legislation.gov.uk/ukpga/1998/29/contents

Exceptions to Confidentiality: Inside Matters Counselling must pass on any information to the relevant authorities in cases where human safety is concerned including the following cases:

- If you threaten harm to yourself or to another person
- If we believe a child or protected adult is at risk of harm or abuse
- If you share information about a proposed act of terrorism or other illegal act

If Inside Matters Counselling feels that either you or someone else is in danger or at risk of harm I would first endeavour to discuss with you my decision for breaking confidentiality. Depending on the circumstances this may be your General Practitioner (GP), the individual in danger, a Social Worker and/or the Police. However, I retain the right to break confidentiality without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of yourself or others. In certain cases, you, the client, may request that Inside Matters Counselling share information

concerning you. Confidentiality for Couples, Families, and Groups: When couples, families, or groups meet for relationship Counselling at Inside Matters Counselling, sometimes the clients will meet all together for counselling and sometimes they may meet individually with the therapist.

When individuals attend counselling sessions the therapist will not reveal any confidential information shared in an individual session with partners, other family or group members involved in relationship counselling without the prior written permission of that individual.

Sessions: Sessions last 50 minutes. We will agree an appointment day and time which is mutually convenient, this could be weekly, fortnightly, more or less frequently if required. It is expected that the session will begin at the agreed time. Any session that begins after this time due to late client arrival for whatever reason cannot be extended beyond the agreed finish time. In the event a sessions begins after the agreed time at the fault of the therapist, you will receive your full session.

If you have made payment for a session but are unable to make the appointed day due to unexpected circumstances, we would discuss how to re-arrange the scheduled appointment. If I do not hear from you within 24 hours of the appointment day, I will retain the fee.

Contact between sessions: I am unable to discuss personal issues on the phone outside of your session. I am able to discuss practical matters such as appointment times and if I am unable to take your call, please leave a voice message. Calls and messages will be responded to as time permits between sessions within normal operating hours.

Counselling is not a crisis or emergency service. If you need to speak to someone urgently, please contact your GP, Samaritans on 08457 909090 or Sussex Mental Health on 0300 5000 101.

Cancellations: You will not be charged for appointments missed due to illness. In an instance where no or insufficient notice is given on your part, I reserve the right to retain the session. I require 24 hours notice of a cancellation. In the event of a serious accident, emergency, or other similar situation outside your control, please deal with your situation first and notify me at the earliest convenient time.

I understand that your life circumstances may suddenly change. You may at any point desire or be obligated to discontinue therapy. Whatever the reason, I respect your decision but ask that you give one weeks' notice before finishing so that we have the chance to discuss your decision.

Session Fees: The agreed fee for sessions is _____ Payments can be made by cash or bank transfer.

Goals for therapy: _____

Print Name: _____

Signed: _____ **Date:** _____

Telephone: _____ **Mobile:** _____

Email: _____

GP name(s): _____

Surgery Name: _____

Surgery Telephone: _____

Therapist Signature: _____