



Promoting: Enjoyable Love Relationships, Pleasurable Family Life & Exciting Parenting

www.helpscounsellors.org

E-mail: info@helpscounsellors.org

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COUNSELLING AGREEMENT

Agreement Between:

Client Code: _____

Name: HELPS COUNSELLORS

Address: 7 HAMILTON WALK, ERITH, KENT

and

The Client(s)

Name:

Address:

Post Code: Mob. No:

and

The Counsellor(s)

Name:

Name:

The following is agreed:

1. Each counselling session will be for 50 minutes, starting from the agreed time of the appointment. It will not normally be possible to extend this time except for couples where two straight sessions may be agreed.
2. Every session would be person-centred in approach, we may however refer to Biblical principles/teachings as HELPS COUNSELLORS uses "HBT" (Holy Bible Teachings) as our therapy.
3. You are requested to arrive not more than 5 minutes before the commencement of a session.
4. You are required to give a minimum of 24 hours notice if unable to attend your appointment. Please note that an appointment can only be rescheduled once.

5. If you cancel your appointment at short notice (less than 24 hours), it is normal professional practice for the clients to pay for the missed session.
6. Every session is confidential. There are two main areas where this confidentiality may need to be shared. These are rare but are situations where you are perceived to be in danger either to yourselves or to others. Should such a situation arise, then some information will need to be shared. This would be done preferably with the client's permission. Failing permission, because of the legal implications, it would be done with the client's knowledge of what is disclosed and to whom.
7. HELPS COUNSELLORS/Counsellor will give you and require you to give at least 2 weeks' notice of any planned absences from sessions, e.g. holidays.
8. The Client(s) will pay HELPS COUNSELLORS the advertised fee prior to the commencement of each session.
9. Future counselling sessions may be terminated at any time by either the counsellor or the client(s).

On behalf of HELPS COUNSELLORS/Counsellor(s):

The Client(s):

Dated: