**MIKE SANDS COUNSELLING**

**CLIENT AGREEMENT**

**Client name:** ……………………………………. **Date**:……………………………

**Timescales**

Your appointment will be at…….………………….. each…………..………………

Each session will last for 50 minutes. If you are late or delayed it may not be possible to extend sessions beyond normal finishing time. If you are unable to attend you will normally be charged the full rate for the missed session unless you provide at least 48 hours’ notice or your non-attendance is due to an emergency. You will not be charged if I am unable to attend.

You will endeavour to let me know four weeks in advance of any booked holidays and you will not be charged for up to five weeks of holidays per year.

Sessions will continue on an open-ended basis with a finishing date to be agreed. Four weeks’ notice is normally required to terminate therapy.

**Venue**

Our sessions will normally take place on-line using 'zoom' or another system agreed between us. I will forward joining instructions shortly before each session. We may in future decide to meet in person at a location to be agreed.

**Fees**

The currently agreed fee for each session is £ ……..…….. (subject to annual review) payable weekly on the day of your session by bank transfer to the following account:

Sort Code 60-83-71 Acc.No 78208638.

**Personal information**

Personal information will be held securely in accordance with the General Data Protection Regulation (2018) and other relevant regulations and/or laws in place from time-to-time.

**Confidentiality**

I will not disclose the information you give to me to athird party unless in my opinion there is a risk to your safety, the safety of others, or if I am obliged to do so by law. If I do need to disclose your information I will try to do this in discussion with you and with your prior consent. My governing body (BACP) requires all therapists to have appropriate supervision and information from our sessions will be shared with my supervisor.

**Client signature: Therapist signature:**

