



# Homewood Counselling

[karla@homewoodcounselling.co.uk](mailto:karla@homewoodcounselling.co.uk) / Tel: 07546 883023

## Working Agreement

Below is the working agreement between;

- Karla Walters (Counsellor)
- \_\_\_\_\_ (Client).

### **Frequency and duration of counselling:**

Sessions are usually weekly unless otherwise agreed.

We can arrange to work together in an open-ended manner with regular six-week reviews or for a fixed number of sessions.

### **Fees: Counselling**

The session fee is £50.00 for 50 minutes.

Payment can be made in advance or on the day before leaving the session.

Payment can be made via cash or bank transfer (please see bank details below).

### **K A Walters**

**Sort code 11-02-60**

**Account Number 00320505**

Session charges are reviewed annually on the 1<sup>st</sup> of April. Receipts are available.

### **Cancellation Policy:**

If you wish to cancel an appointment, I respectfully request **a full 24 hours' notice**; otherwise, you will be liable for the entire session cost.

I will always try to rearrange a session to ensure the therapeutic work's continuity.

If I need to cancel a session, I will always give you as much notice as possible. In the unlikely event I cancel a session, no payment is required.

I will give you at least two weeks' notice if I intend to take a holiday. No payment is required when either of us takes a holiday.



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**Membership:** I am a registered member of the British Association of Counselling and Psychotherapy (BACP).

**Code of Ethics:** As a registered member of the British Association of Counselling and Psychotherapy (BACP), I am bound by its code of ethics and complaints procedure. Clients can find information about the Ethical Framework and the complaints procedure at [www.bacp.co.uk](http://www.bacp.co.uk).

**Supervision:** Good therapeutic practice dictates that regardless of how well-qualified or experienced a therapist has become, there is still a need for regular supervision of cases. I receive my supervision regularly, which helps maintain high standards.

## **Confidentiality:**

I treat all information disclosed to me as confidential except for my supervisor. Any information my supervisor receives is also confidential and we do not disclose client details to any third party. Exceptions to confidentiality:

- If I believe you are at serious risk of harming either yourself or others.
- If I cannot contact you and think you are in serious danger.
- Where the law requires me to break confidentiality, such as an act of terrorism, money laundering or drug trafficking.
- Should I feel a client is a danger to themselves or others.

I reserve the right to inform outside agencies but would only do so with, wherever possible, a discussion with you, the client.

## **Notes and Record Keeping:**

The BACP requires that I keep session notes. It is my policy to keep these notes to a minimum.

The information I store includes the following:

- Your name, address, date of birth, etc.
- The signed contract
- Confidential case notes include a brief and factual account of each session.

All records are locked or password-protected, so only I can access them.

You can request in writing to see the information held on you.

## **Therapeutic Process:**



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I offer all prospective clients an assessment interview, allowing us to decide whether to work together. We would then agree on an appropriate number of sessions, and at the end of the period, we would jointly assess progress and establish any further action that may be needed. If we decide not to work together, I will assist by providing, wherever possible, alternative therapists or agencies to contact.

Counsellors are trained to look beyond presenting problems to possible underlying causes. The therapeutic process aims to enable clients to better understand and accept themselves, change feelings and behaviours, and become the people they want to be.

## **Influence of alcohol and substances:**

Sessions will not occur if the client is influenced by alcohol or substances.

## **Clients acceptance of terms outlined above:**

My signature indicates I have read all the information above and agree to abide by the terms and conditions outlined therein.

My Signature also gives my permission for Karla Walters to contact the appropriate external agencies if she believes that I am a danger to myself or others. Such circumstances are rare and will be fully explored before action is taken.

Finally, my signature also shows that the data protection information guidelines have been discussed with me.

Signed..... (Client) Date.....

Signed..... (Counsellor) Date.....