



Client Contract

- I wish to undertake counselling/psychotherapy now and I consent to my work being presented for professional supervision. However, my identity will not be revealed.
- I accept brief notes will be kept on our work, with a guarantee that no information, other than statistical, will be used publicly, without my express consent.
- I agree to give 24-hour's notice to my therapist when cancelling/rescheduling, otherwise I will incur a 50 % cancellation charge of fees agreed for therapy services.

The aim of this service is to be a confidential service in general, however I understand that my Psychotherapist has the right and the duty to break confidentiality, for example:

- In situations where I or members of the public are at risk.
- Where a client is actively suicidal. G.P. or family member may be contacted.
- If information regarding a minor/minors (Under 18) may be at risk is revealed in therapy, then for legal and ethical reasons, this information will be disseminated to the relevant authorities.

Every endeavour will be made to inform you of this process, and advise you accordingly.

- Files may be subpoenaed by a court of law.

Patent Signature: _____

Therapist Signature: _____

Date: _____