

## Counselling Working Agreement

Agreement between Sue Seager (Counsellor) and:

Your address:

Phone / email:

Emergency contact:

GP surgery name:

Town:

Other professional involved in psychological wellbeing support:

(e.g. Community Mental Health):

Prescribed psychotropic medication & emergency health information:

I am an experienced and professionally qualified Counsellor and a Registered Member of the British Association for Counselling and Psychotherapy (**BACP**). I am bound by its Ethical Framework for good practice and subject to its professional conduct and complaints procedures.

**How I work:** Where appropriate, I integrate approaches tailored to your specific needs with my original training in person-centred counselling to offer a safe space that recognizes your needs. I provide one to one or group support for a broad range of emotional wellbeing and mental health issues and have particular experience and training in working with psychological trauma. I work with young people from the age of 13 and with adults.

**Confidentiality: Confidentiality:** The content of sessions and our professional relationship is private and confidential. The exception to this confidentiality is; if I have a legal responsibility not to withhold information such as a court order; if I believe ethically that there is a significant risk of harm to you or another person or if there is a public interest relating to the general welfare and rights of the public that should be recognised, protected and advanced. Disclosures in the public interest, based on common law, are made where it is essential to prevent a serious and imminent threat to public health, national security, the life of the individual or a third party, or to prevent or detect serious crime.

If this arises, I will remind you of my responsibilities and include you as far as possible in passing on information and involving others.

In line with my ethical code of practice, from time to time I discuss my work in clinical supervision with another experienced practitioner to underpin my standards of professional practice. My counselling is also bound by the same confidentiality and I do not use identifiable personal data in consultations.

Should there be a need to communicate about aspects of our work with anybody else, or if I believe that your needs are beyond the boundaries of my

professional expertise or scope, for example crisis support or medical intervention, I will explain what information needs to be shared or what additional support I believe is required and seek your permission to act.

**Insurance:** Counselling is covered by full professional indemnity and public liability insurance. I hold a current enhanced DBS check.

**Fees:** Counselling sessions are charged at £50 per hourly session for face to face and phone / online work. Payment for face to face sessions can be made on the day by cash or cheque to H S Seager or by internet transfer in advance (please request bank details). Fee concessions may be available depending on circumstances.

**Cancellation policy:** I retain the right to charge the full fee for sessions cancelled with less than 48 hours' notice.

**Data Protection:** I may make brief notes during or after a session to record important points. In these you are not personally identified. My records are compliant with data protection legislation and securely stored in line with the guidance set out by the Information Commissioners Office (ICO) with whom I am registered. The possible exceptions to this non-sharing code for data are if a significant risk of harm has been identified or if I am required to release records by a UK court of law.

Under **General Data Protection Regulation 2018** (GDPR) by signing this agreement, you consent to me holding a limited amount of your personal data which will be used to provide the services on offer but not for any other marketing purpose. More details are available in my privacy policy at [www.life-chance.co.uk](http://www.life-chance.co.uk) and in my Data Protection Notice.

**Additions to the above agreement:**

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Signed (Counsellor):

Date:

Signed  
(Client Age 16 and above)

Date:

Signed  
(Parent if client under 18)

Date: