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## Client Contract

**Name:**

**Address:**

**Telephone Number:**

**Email:**

**Date of Birth:**

This contract is between the therapist **Annabel Marshall** and the above-named client and commenced on:

The above therapist holds a Professional Diploma in Integrative Counselling and Psychotherapy and is an NCPS (National Counselling Psychotherapy Society) accredited counsellor (MNCS Accred) and a BACP (British Association counsellors and Psychotherapists) registered counsellor. (MBACP). The above therapist works within the professional framework and ethical guidelines of the above-mentioned professional bodies and holds an up-to-date DBS check and professional liability insurance.

**Sessions:**

The sessions will take place weekly unless otherwise agreed and will last for 50 minutes. If you arrive late for any reason, then the session will end at the appointed time. Please can I ask that all mobile phones are turned off or placed on silent during the session to avoid disruption. A text reminder will be sent out the day before your session.

I offer short and long-term therapy but, we will review therapy together every six weeks to make sure we are meeting your needs and whether we need to change anything within our sessions. I will ask you to complete the following questionnaires at the initial session and at six weekly review sessions, they are GAD-7 (measures level of anxiety) and PHQ-9 (measures level of depression). These are used as a guide and to identify any areas we may be missing in your therapy.

You can end your therapy at any time. All that I ask is that you inform me of your decision.

**Fees:**

The fee is £60 per session and is payable at each session, payment is accepted by cash, card, or bank transfer. **Account Number: 55347770 Sort code: 606005.** Please note that this fee will remain the same for one year from starting therapy but after that I may have to increase fees in line with any increases in my expenditure. I will give four weeks' notice of any increase in fees.

### **Cancellations:**

Payment is required in full for missed sessions or sessions cancelled with less than 48 hours' notice.

To cancel a booked session please contact me by telephone, where you can leave a message or via email or text.

If I must cancel a session due to holiday or illness, I will aim to give you as much notice as possible and offer you an alternative time. In the event of illness, I will contact you by text message. You will not be charged for any sessions that I cancel.

### **Supervision**

For my continuing professional development, I attend clinical supervision. This enables me to examine and monitor my work and ensures I offer counselling at a high standard. My supervisor is also bound by ethical codes of practice of their professional body and no identifying details of clients are disclosed at these meetings.

### **Record Keeping**

I will make brief notes after each session, and they will be kept securely and anonymised. Please see my privacy policy for further information regarding storage of personal data. A copy of this you can find on my website of which you will be given a copy of when you start your therapy sessions.

### **Confidentiality:**

Everything that happens in your therapy session will remain confidential between myself and you with the following exceptions:

- If in my opinion there is risk of serious harm to yourself or others, then I will discuss with you the best way forward. It may be that your GP or another agency has more suitable skills to help. If we cannot agree a suitable way to proceed then I will seek advice from my supervisor and other appropriate agencies.
- I have a legal obligation to report suspected acts of terrorism, money laundering, Female genital mutilation (FGM) and issues of public interest to the police.

### **Complaints**

If you are unhappy with the service you have received, I would encourage you to discuss this with me, your therapist, in the first instance. Should you feel this matter is unresolved. I am subject to the NCPS and BACP complaints procedures. Please ask if you would like further information.

**I have read and agreed to the terms of this contract and have received and read a copy of the privacy policy.**

**Signed**

**Date**

**Client**

**Signed**

**Date**

**Therapist**