**Therapeutic Contract – Online Sessions**

**Helen Louise Luckins BA (hons), PG dip (level 7) counselling and psychotherapy practice, Level 7 Post qualifying Diploma in Counselling Children and Young People, Level 6 Certificate in Therapeutic Counselling Supervision, Accredited Member of British Association for Counselling and Psychotherapy (BACP)**

New, existing or returning clients can access support via Zoom which is a secure, encrypted on-line platform. “Zoom” <https://zoom.us/> can be downloaded for smart phone, tablet, laptop or desktop (with camera). Clients will be invited to join a session via email and for clients under 16 years old the email will be sent to parents/carers. “Zoom” video sessions or telephone support can last from 30 minutes to an hour depending on the age and requirements of individual clients. Any new clients referred to Calm Cabin Counselling will be offered a free telephone chat , followed by a zoom initial assessment where options for support can be explored. This initial consultation will cost £20 and last about 45 minutes.

Ideally “Zoom” support will still take place on a weekly basis but if this is not convenient then other arrangements can be negotiated. My fees for “Zoom” sessions will be £45 per hour, £35 for 40 minutes and £25 for 30 minutes. Fees can be paid by bank transfer in advance of the session or within 24 hours of the scheduled session to : Mrs H L Luckins 20-99-40 20268488.

If sessions need to be missed due to unforeseen circumstances then if possible 24 hours’ notice should be given. Less than this may result in a liability of half the fees for the missed session. If you, your child, or myself are unable to make a session due to illness then please give as much notice as possible and we will discuss when it might be reasonable to continue. If you wish to terminate our contract then two weeks’ notice is required to work appropriately and safely towards a therapeutic ending. If you need to contact me between sessions I am happy for you to text **07929083485** or email calmcabincounselling@protonmail.com

I will need to keep some personal records. Your name forename and surname along with your mobile number, landline, address and email will be stored electronically on my phone and computer which are both password protected. It may also be useful to have GP details alongside these other personal records in the case of an emergency. This applies to adult clients, parents/carers of children under the age of 16 and young people 16 to 18 years. I may keep a paper copy of these details which will not be shared with anyone and will be kept in a locked filing cabinet. My clinical notes will be anonymised and when discussing with my supervisor clients will be identified only by their first name to maintain confidentiality. After counselling has ended the clinical notes will be archived for 6 years before being destroyed. This is in the event of a return to counselling within that period.

My safeguarding policy requires me, due nature of my work with children, young people and vulnerable adults, to disclose any concerns I may have about a client who is at risk of significant harm or whose behaviour may harm others. In the event of this I would first inform the client and there would be a discussion about the best way to keep the client safe. In the case of a child or young person this may involve contacting the adult with parental responsibility or if this is not appropriate then a relevant safeguarding team such as their school or any other agency that they are involved with such as CAMHS ( Child and Adolescent Mental Health Service) . If the safeguarding concern is for an adult then it may feel appropriate to contact the client’s GP, another appropriate adult, or suitable agency to support the client.

If you have any dissatisfaction with the work please speak to me initially so that we can resolve the issues as soon as possible. If you would like to find out more about the BACP ethical framework which guides my work please visit <http://www.bacp.co.uk/ethical_framework/>.

 If you are happy with this contract then please sign the following page.

🞐 My counselling/support session will be by zoom on \_\_\_\_\_\_\_\_\_\_\_\_\_( insert day) at \_\_\_\_\_\_\_\_\_\_\_

(insert time)

🞐 I agree to this contract.

🞐 I agree to Helen Luckins holding my name, contact details and GP details in a secure place to comply with General Data Protection Requirements.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client or parent if under 16)

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_/\_\_/\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Helen Luckins ) date \_\_/\_\_/\_\_\_\_

Client’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GP details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgery \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

