**CONTRACT:**

**Aim of Therapy:**

The aim of Therapy is to provide you, the client, with a confidential opportunity to explore personal and relational issues in safety. The role of Soaring High Ltd is to help you through this process without any judgement or telling you what to do but on occasions, I may give information or offer suggestions. During therapy, we will set goals agreed between you, the client and myself, the Counsellor/EFT (Emotional Freedom Technique) Practitioner; you also agree to work towards these agreed goals.

If at any time I feel I can no longer help you, I may offer to refer you to someone who can. I also do not usually work with a client who is seeing another therapist. If you wish to see someone else, this is something that I would like to know about and discuss with you.

**Description of Therapy:**

A description of therapy can be found at: [www.soaringhigh.co.uk](http://www.soaringhigh.co.uk)

**Confidentiality:**

To ensure open exploration of the concerns that have brought you to therapy, Soaring High Ltd maintains confidentiality in accordance with the British Association of Counselling and Psychotherapy (BACP)’s Ethical Framework [www.bacp.co.uk/events-and-resources/ethics-and-standards/](http://www.bacp.co.uk/events-and-resources/ethics-and-standards/) As a registered member of the BACP, I work within this Ethical Framework and Soaring High Ltd keeps client records (short summaries about what happens in sessions) accordingly too. I also adhere to the Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR)

[www.legislation.gov.uk/ukpga/2018/12/contents/enacted](http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted)

[www.ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/](http://www.ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/)

I receive regular clinical supervision in accordance with the BACP’s Ethical Framework to provide the best possible service to you. Supervisors for Soaring High Ltd also abide by the same standards for confidentiality.

**Exceptions to Confidentiality:**

Soaring High Ltd must pass on any information to the relevant authorities in cases where your or someone’s safety is concerned including the following cases:

1. If you threaten harm to yourself or to another person

2. If I believe a child or protected adult is at risk of harm or abuse

3. If the courts instruct me to give information

4. If you share information about a proposed act of terrorism or another illegal act

If Soaring High Ltd feels that either you or someone else is in danger or at risk of harm, I would first endeavour to discuss with you my decision for breaking confidentiality.

Depending on the circumstances, this discussion may take place with your General Practitioner (GP), the individual in danger, a Social Worker, and/or the Police. However, I retain the right to break confidentiality without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of yourself or others.

In certain cases, you, the client, may request that Soaring High Ltd shares information concerning you. In these cases, I require written permission from you before I can carry out your request.

**Sessions:**

It is my responsibility to start and end the session on time; to offer a quiet, appropriate, and undisturbed space; to maintain safe, professional boundaries; to encourage client autonomy and to review the therapeutic work and the therapeutic relationship regularly.

Sessions last 50 minutes and will be every week usually on the same day and time, suitable to you and within my hours of work. It is expected that you, the client will attend the session punctually but if any session begins after this time due to your late arrival (for whatever reason), it will still end at the originally agreed time. If you do not arrive or call within 10 minutes of the agreed appointment, this will be considered a cancellation and as the Counsellor/EFT Practitioner, I will not be available for the remainder of the session.

**Contact between sessions:**

In instances where you need to contact me between sessions, calls or text messages can be made to 07814963599. If I am unable to take your call, please leave a message on this number or alternatively, an email can be sent to parminder@soaringhigh.co.uk Messages will be responded to as time permits between sessions and within normal working hours. Soaring High Ltd is not a crisis or emergency service. If you require urgent assistance call 999 or if you wish to speak to someone immediately, please contact your GP, NHS 111 (out of hours), your mental health crisis team (if they are involved) or the Samaritans on 116 123.

Communicating with me, the Counsellor/EFT Practitioner outside the agreed therapeutic sessions is limited to making, changing, or cancelling an appointment unless prior arrangements have been made which will then incur additional costs.

**Cancellations:**

If for any reason I need to cancel a session, I will give 24 hours’ notice to you, the client. An alternative appointment will be offered as soon as possible, and you will not be charged for the session. Likewise, I will expect you to give 24 hours’ notice when cancelling/changing an appointment or the full session fee becomes payable.

**Number of Sessions:**

We will agree the number of sessions at the first initial appointment: every fourth session, we will review our work together and determine whether further sessions need to be booked including their frequency.

If you arrive for the session under the influence of drugs or alcohol, the agreed session will not take place and you will still be liable to pay the full session fee.

I understand that your life circumstances may suddenly change. You may at any point wish to discontinue therapy. I will respect your decision but ask that you give one week’s notice before finishing so that we have the chance to discuss your decision and end our work together.

**Session Fees:**

The cost of a therapy (counselling/EFT) session is £…. Fees are reviewed yearly, and any changes take effect on 1st April of every year and apply to new or renewed contracts. If any other work is requested in addition to the agreed sessions, this will be costed accordingly and will incur further fees.

**Method of Payment:**

Payment is made at the end of every session in cash, cheques made payable to Soaring High Ltd or by BACS [Name: Soaring High Ltd; sort code: 09-06-66, account no: 40980840].

**Complaints:**

Please email me at parminder@soaringhigh.co.uk regarding any complaint you may have in relation to the service offered which will in the first instance, be discussed in person with you and we will try to resolve the issue. If we are unable to come to a resolution, you can make a formal complaint to the British Association of Counselling and Psychotherapy at [www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/](http://www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/)

**Information required prior to the commencement of therapy:**

How did you hear about us? ……………………………………………………………..…………………………….………………….

What has brought you to therapy?.......................................................................................................................................

………………………………………………………………………………………………….………………………………………………..………

…………………………………………………………………………………………..……………….……………………..……………………….

Why consider therapy (counselling/EFT) now? .…………………………………………………………………………………………………………….…………………………………....………

Have you previously had therapeutic support? ……………..……………………………………………………………………

If yes, when and what did this look like? …………………………….………………………………………………………………

What are your goals for therapy? …………………….......…………………………………………………….…………....………

………………………………………………………….…………………………………………………………………………………………………

Print Name………………………………………………………………………………………………………………………….…………….…

Signature....………………………………………………………............……………………………...................................………

Date…………………………………………………………………...............………………….………….......………………………………

Address.....................................................................................................................................................

..................................................................................................................................................................

Telephone…………………………………………………………………………………………..........…………………………………….…

Mobile………………………………………………………………………………………………………………………….………………….….

Email…………………………………………………………………....…………………………………………………………………….…….…

Next of Kin................................................................................................................................................

Relationship to You...................................................................................................................................

Their Contact Details................................................................................................................................

..................................................................................................................................................................

GP Name(s)……………………………………………………………………………………………………………………………………….…

Surgery Name and Address ......................................................................................................................

……………………………………………………...................................................................................….…………….……

Surgery Telephone………………………………………………………………………………………………………………………......…

Current Medication (if any) ...................................................…………………………………………………………...….

…………………………………………………………………………………………………………………………………………….…..…….…..

Contact details of other professionals who are currently involved ……………………………………….……….……

……………………………………………………………………………………………………………………………………………………....…..

…………………………………………………………………………………………………………………………………………………….……..

Any other relevant information ...............................................................................................................

..................................................................................................................................................................

..................................................................................................................................................................

Counsellor/EFT Practitioner Signature…………………………………………………………………Date……………………….