

INDEPENDENT COUNSELLING: DAVID SIMON



Churchill House
12 Mosley St
Newcastle upon Tyne
NE1 1DE

0191 230 8118 | 0191 645 1199 | Text service: 07537404307

This is a counselling contract between David Simon (the counsellor) and the client:

Name: A N Other
Address: 1 High Street, Anytown, XY1 1XY
Phone Number(s): 0919 123 4567 / 07712345678

The counsellor will make every reasonable effort, using a [Person-Centred approach](#), to provide a therapeutic environment in which the client can safely explore emotionally difficult and/or complex personal issues.

We agree to meet for one hour per week (unless agreed otherwise) at the above address. Sessions will continue until ended by mutual agreement.

Fees are £40 per hour, with payment due at end of each session.

I will give as much notice as possible of any cancellation due to illness or other unavoidable circumstances. If I cannot give more than 48 hours' notice, and we cannot find an alternative appointment time within the following two working days, the next session will be at a reduced rate of £20. I would appreciate as much notice as possible from you for any cancellation or rescheduling. If you do not give more than 48 hours' notice, and we cannot find an alternative appointment time within the following two working days, this will result in a fee of £20 being payable.

The content of the sessions is confidential. However, the principle of confidentiality does not cover a situation in which I believe that there is a serious risk of harm to you or to others, or where there is a legal requirement to disclose information.

I am voluntarily registered with the Information Commissioner's Office and comply with all relevant aspects of the Data Protection Act. I may make brief, anonymised notes in order to monitor my work. These records are encrypted and securely stored in line with ICO [guidance](#). If I need to discuss my work in the context of clinical [supervision](#), I will not use any details that make you identifiable.

Signed: _____ (client)

Signed: _____ (counsellor)

Date: _____