

# INDEPENDENT COUNSELLING: DAVID SIMON



Milburn House  
Dean Street  
Newcastle upon Tyne  
NE1 1LF  
0191 230 8118

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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): 07712345678 Email: [client1@amail.com](mailto:client1@amail.com)

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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 session per week (unless agreed otherwise) at the above address or using the *Zoom* online platform. Alternative locations may be used if appropriate. Sessions will continue until ended by mutual agreement.

Fees are £45 per 60-minute session and £65 per 90-minute session, with payment due at the beginning of each session.

I will give as much notice as possible of any cancellation or rescheduling. I would appreciate as much notice as possible from you as well. If you cannot give at least 48 hours' notice, and we cannot find an alternative appointment time within the following two working days, this will result in a cancellation fee of £20 being payable before the next session.

If you have any feedback about the service you receive or you are not satisfied with your experience, please tell me. I welcome feedback, as it helps to improve my work, and I will always try to resolve any complaints. I am an Accredited Registrant Member of the [National Counselling Society](#) and abide by our Code of Ethical Practice.

Your personal data and the content of the sessions are confidential. However, the principle of confidentiality does not cover a situation in which I believe there is a serious risk of harm to you or to others, or where there is a legal obligation to disclose information.

For us to work safely and effectively it is important that the privacy of the work is respected. Please do not attempt to record or transmit your counselling session.

In the event of my death or a sudden illness that means I am unable to contact you; I have appointed a Therapeutic Executor who will take care of contacting you on my behalf. They are a qualified therapist and clinical supervisor. They will only access your contact details in an emergency, to discuss appropriate onward arrangements.

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 avoid any details that make you identifiable.

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I have read and agree to the terms set out above, including the [privacy policy](#), which is available on the website.

Signed: \_\_\_\_\_ (client)

Signed: \_\_\_\_\_ (counsellor)

Date: Click or tap to enter a date.