



**Courtnee Forrester**  
label Free  
Counselling  
Ltd



Terms & Conditions

## **Session Bookings, Times, and Frequency:**

Typically, meetings are held weekly or bi-weekly, each lasting approximately 50 minutes. All sessions will be conducted online via Zoom, WhatsApp, Video Call, or Telephone to ensure privacy and security. We recommend using Zoom due to its high encryption and password protection level.

## **Booking information for Online Appointments:**

Please download the latest version of Zoom from <https://zoom.us/download>

Before our appointments, you will receive an invitation to join our Zoom therapy meeting via email. This will also include a meeting 'password' number to provide extra security. To join our meeting, follow the steps when prompted: <https://zoom.us/join>

The agreed time will be yours. In our initial consultation session, we will explore your therapeutic needs/goals, periodically discuss progress, and identify and address issues to work on within the following sessions.

**Note:** The initial consultation appointment is an evaluation of your therapeutic needs. It also explores whether this therapeutic approach is suitable for your therapeutic goals/needs. Please keep in mind that you may need an onward referral to an alternative specialist service or clinician.

## **Counselling Fees & Report Writing:**

**The Fee for Therapy is as follows:**

### **Fees**

#### **Initial Consultation Appointment:**

This is a stand-alone, one-off initial consultation. This will allow you to see if I am the right counsellor and ask questions about how therapy may work for you. In turn, I will be assessing your therapeutic needs with you. It also provides the opportunity to discuss fees and any other practical matters. This lasts for 30 minutes. The current price for this is £25.

#### **Ongoing Sessions**

These last for 50 minutes and are generally once a week at the same time. The fee per session is £50, depending on your income.

#### **Reduced Fees Sessions Appointment**

I do keep some reduced-fee spaces available. These are for students, people currently out of work, or those with low incomes. There may be a short waiting list for these spaces. Please arrange an initial consultation with me to discuss this.

#### **Shift Workers**

I know many people do not work a regular week, and I have worked successfully with people under these circumstances.

We accept bookings via Phone, Text or Email, and payments can be made via direct bank transfer:

Account Name: **Label Free Counselling Ltd**

Account Number: **20339738**

Sort Code: **04-06-05**

Bank Name: **Tide**

Reference: **(Your Full Name)**

- All payments must be made within 48 hours of the provisional booking to confirm the appointment.
- You will receive a receipt after the booking has been made.
- Any report writing, impact statements or GP report letter writing requested is charged at an hourly therapeutic rate. Please note that I do not provide a diagnostic service. Should you wish to ascertain whether you meet the DSM criteria for a mental health diagnosis, this would be undertaken via your GP or within private/public psychiatric healthcare/clinician services.
- As with standard counselling and psychotherapy practice, 24 hours cancellation notice is required. Less than 24 hours or missed sessions are charged a fee of £25. However, we try to accommodate the need for change (see below for details).

### **Cancellation or Change of Appointments:**

A minimum of 24 hours' notice (1 full working day) is required to cancel a session. If this is not possible, a fee of £25 will be required unless there has been an emergency, which will be waived. If possible, we will endeavour to re-schedule a session during the same week (if you have not been able to give 24 hours' notice). However, this would be subject to the availability of appointment times. We are committed to working within ethical guidelines and, as such, with a limited number of clients and schedule accordingly.

## **Therapist's Cancellations:**

Should we need to re-schedule a session, you will be notified at least 48 hours in advance, except in emergencies, and an attempt will be made to offer an alternative appointment time within the same week.

## **Competence – Qualifications:**

It is essential that your therapist is qualified and accredited with a professional body. Please note my qualifications and accreditation details below:

### **Courtnee Forrester is qualified and accredited in the following therapeutic approaches:**

Level 4 Diploma in person-centred counselling and Echo therapy - Fully Accredited by the National Counselling Society: Accreditation Number: NCS22-02268 and BACP Counselling: Accreditation Number: BACP389538

Expertise in the following areas: dealing with moderate drug and alcohol abuse, domestic violence, trauma, relationships, illness (specifically those on treatment plans for cancer), bullying, bereavement and grief, gangs, and S.E.N/moderate learning difficulties.

Label-Free Counselling services aim to provide a suitable therapeutic approach or combination of methods best suited to your therapeutic goals.

## **Commitment to the process:**

Having decided to attend counselling or therapy, it is essential that you attend regularly. The counselling or therapy process is working towards healing, overcoming an issue, or working towards therapeutic goals, and attending periodically ensures this process is undertaken. Too many gaps between appointments usually slow down the progress of our therapeutic work when we aim to resolve these issues satisfactorily. However, individuals must also reflect on their therapeutic needs and what is reasonable regarding therapy attendance. In addition, therapy can sometimes be challenging, requiring a commitment to work through personal emotional, behavioural and psychological change. Therefore, discussing your process with your therapist is essential to ensure you receive the appropriate therapeutic support and pacing.

### **Contact outside of sessions:**

The telephone number (via the contact page on our website) we have provided is for use in the case of cancellations or alterations. However, it can be easier to respond to emails regarding rescheduling appointments. Please be aware that I may not be able to respond to your call immediately as I may be in a session, and messages and emails will only be picked up on an irregular basis throughout the day; therefore, in an emergency, you are advised to call for medical help/advice through a GP. I will, however, reply to all emergency messages as soon as possible.

### **Confidentiality for Online Bookings:**

If you are attending Online counselling psychotherapy via Zoom, Skype or Telephone, please ensure that you book your appointment at a time that you are unlikely to be disturbed and also that your therapy can be provided in a confidential space (without interruption by your colleagues or family members depending on where your online therapy is being received). Should there be someone in your shared area (room), please let me know at the beginning of our appointment. We will need to end the therapy session and reschedule.

Also, in the spirit of therapy provision and the interests of confidentiality for the client and the therapist, I require that the confidentiality of our appointments is maintained and that they are **not recorded**. Please indicate that by signing this agreement, you agree to this. I also agree with the same.

The content of our sessions is confidential to you, the client and me, the counsellor/psychotherapist. I may occasionally need to discuss my therapeutic work with my supervisor (as required by accredited members of NAPCP and BACP). I do not disclose the identity of any client during professional supervision.

### **Record Keeping:**

Storage of your client records, including completed between-session work, are stored in compliance with Data Protection and the Code of Ethics of the National Counselling Society and BACP. Client details and notes can only be accessed by myself or on request by a court of law.

They are stored in a coded/locked area and will be destroyed after seven years, as my accreditation body (NCS) requires.

I also recommend storing any therapeutic between-session work, e.g. completed thought records, journals etc., in a confidential space.

### **Limits of confidentiality:**

In exceptional circumstances, where I am concerned for your welfare or that of others, e.g. actual risk of suicide or real threat to self or others or in cases of childhood sexual abuse identification disclosure, it would be necessary to seek additional support outside the Counselling/therapeutic relationship and to contact relevant support agencies. Confidentiality will be broken in case of a disclosure concerning acts of violence or acts specific to the children's show, and I am bound to liaise with the relevant authority. This is required of all mandated persons, such as counselling psychotherapists.

Also, as we work online and I am committed to your health and welfare, it would be helpful to have a next of kin/close relationship contact you would nominate to contact in case of an emergency. In providing information regarding the designated person and GP details, you also grant permission to contact, should this be deemed essential by your therapist.

### **See Below for Emergency Contact Details and Consent**

#### **The designated person or next of kin contact:**

Name:

Contact Number:

I agree to inform the person named above of this arrangement. I also agree that the next of kin or a designated contact person can be contacted in an emergency.

GP Name:

Address:

Contact Number:

### **Endings (Termination):**

You will generally know when you are ready to finish Counselling/Psychotherapy in everyday events. We will agree on the work we need to do to prepare for this in a planned way and support relapse prevention. However, you may, at times, find psychotherapy challenging and feel the desire to end it. I suggest you bring this to your therapy to explore further rather than suddenly end, as this could deprive us of the chance to resolve critical issues.

I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become apparent during/our work together, which we would thoroughly discuss at that time.

### **Ethics and Code of Conduct:**

I am an accredited member of the National Counselling Society and work within the ethical framework for good practice in Counselling and Psychotherapy, as laid down by these accrediting organisations. Further

information on these frameworks can be accessed on the relevant websites.



## Psychotherapist & Client Consent

I ..... agree to undertake Counselling/psychotherapy by the terms outlined above in this agreement.

**Client's signature:** ..... **Date:**

Contact Address:

I, ....., agree to provide a Counselling/psychotherapy service by the terms outlined above in this agreement.

**Therapist Signature:** ..... **Date:**

Contact Address:

- For online clients, please type your name, sign and date and indicate via return email that you accept the therapeutic agreement. Please return this page's signed copy (you can scan or take a picture and send it by return email) as an attachment before our second session. We will discuss the agreement and answer any concerns in your follow-up appointment.