



## Individual Counselling Agreement

Welcome to Life Linc Nelson Counselling for individuals.  
We offer you up to ten (10) sessions (one hour per session) of safe, confidential and non-judgmental counselling.

**Confidentiality:** Anything discussed in a counselling session will remain confidential, unless your counsellor believes that your safety or the safety of others is at risk. Your counsellor will always discuss this with you before taking any action or talking to any third parties (see **Supervision** below).

**Supervision:** Your counsellor has confidential supervision to ensure their clinical work is safe and of a high standard. Some issues that arise in counselling may be discussed.

**Cancellation:** We request at least 24 hours' notice if you are unable to keep an appointment, please notify your counsellor. . . . . by text or phone on . . . . . *If you miss a session without notifying your counsellor, the session will be counted as one of your 10. When any two consecutive sessions are missed **without** contacting your counsellor, Life Linc will terminate the counselling.*

**Complaints:** We hope you are fully satisfied with the counselling you receive, however, if there are any issues with this service, we recommend that you discuss this with your Counsellor. If you do not feel this is appropriate, please contact the Life Linc Nelson Clinical Manager on 03 548 2400 to discuss your complaint. If you would like to make a formal complaint, the Clinical Manager will provide you with the formal complaint procedure.

**Outcomes of Counselling:** Sometimes outcomes of counselling are not what you might have expected and you might come to decisions/conclusions you never thought of before. Life Linc Nelson and your counsellor in particular, cannot be held responsible for any decisions/conclusions you may come to as a result of counselling.

**Your Feedback:** All clients are asked to complete and return to us an anonymous evaluation form at the end of their counselling. Your feedback is vital to ensure that we can assess the quality and usefulness of our service, and report the benefits of our work back to funders. This form will be sent to you upon completion of your counselling.

**Contributions:** Life Linc asks that you contribute towards your counselling as outlined in the confirmation letter. **Please pay the agreed amount at the end of each session.** *Non-payment may result in termination of the counselling.*

**Recording:** counsellors are sometimes required to do audio or video recordings of their work as part of ongoing training. Would you be comfortable being asked to participate in this?      **Yes**      **No**

### Client to Complete:

**Consent:** I . . . . . (Client Name) agree to this Counselling Agreement and to my counsellor discussing my situation with their supervisor and clinical manager, if they feel it necessary. I will contribute \$ . . . . . per session and I will pay by the following method:

- Internet banking 03 1355 0826674 00    ref: surname and session date
- Cash or cheque to the counsellor at the end of the session

**Client Signature:** . . . . .      **Date:** . . . . .

**Counsellor name:** . . . . .

**Counsellor Signature:** . . . . .      **Date:** . . . . .