

CLIENT AGREEMENT

for Counselling / Coaching sessions

It is the objective of every counsellor and client to move in unison towards resolution of the situation at hand. As always however, there are two sides to every coin and so too in the counselling process.

Relief from stress, clarity of predicaments, resolving what one came for, managing relationships better, planning the way forward are some of the beneficial outcomes of the counselling process. At the same time what are commonly known as risks, include confrontation of emotions and feelings that cause discomfort and embarrassment, talking about uncomfortable situations, revealing one's vulnerability, among other distress touch points. Ultimately, while the intent is to arrive at an agreeable outcome, there can be no guarantees while a client is being offered every support to resolve issues.

It is important that counsellor and client are committed to abide by the understandings in this agreement.

Confirmation and cancellation of appointments:

Kindly ensure that your appointment is confirmed at least 24 hours ahead of the scheduled time.

An appointment will be considered as confirmed after the agreement is signed and received by the counsellor and on receipt of the session fee in advance.

Cancellation of an appointment must be done at least 24 hours before the appointed time, if less than 24 hours' notice is given, 100% of the session fee will be charged.

Session duration, requirement and termination:

Each session will be of a 45-minute duration. The number of sessions required will depend on progress of resolution of the issue at hand and on mutual agreement between counsellor and client. Either party may call for termination of sessions if they feel that the issue has been resolved, OR if it is felt that there is no progress, OR there arises a conflict of interests that creates an uncomfortable or embarrassing situation for either party, OR if it is sensed that there is unethicity entering into the interactions.

Confidentiality and its limits:

What you disclose during your counselling sessions will be kept confidential. No contents of the counselling sessions, whether written or verbal, may be shared with another party without your consent. However, if you are below the age of 18, parental/guardian consent may be required and in such a case, depending on the situation, the counsellor may consult the consenting party in the best interest of the client, only if required. In case of coaching and if official, the assent of the consenting superior would be required. This will not be required if you seek coaching independently. For counselees, If intent has been displayed of a plan or threat to harm yourself, or any other person, the counsellor will attempt to notify your family. If it is felt that the client is in need of psychiatric and medical intervention, the counsellor will inform the client and family of the same and help to refer the client for further attention.

The counselling/ Coaching sessions will be recorded for further review and analysis, or to be revisited by the counsellor/Coach. Notes may be taken down by the counsellor/Coach during sessions. In case of counselees, if you are recording the session, you may please notify the counsellor of this.

The client is required to fill in details accurately for the counsellor's/Coach's record and assessment. This agreement is to be printed, acknowledged, signed and returned to the counsellor. You will in turn receive an acknowledged copy from the counsellor.

Email address:

Postal address:

Contact number:

Name (first and surname):

Age:

Gender:

Nature of the problem for which you are seeking help (also briefly state what is your expectation/outcome from this consultation/ coaching sessions):

The terms in this agreement have been read, acknowledged and agreed upon.

Signature:

Date:

Place:

Emergency contact number:

Assent (in case you are below the age of 18 OR for coaching, from your superior, if official):

Signature:

Name of parent/guardian/ Superior:

Email address:

Postal address:

Contact number:

Acknowledgement of Counsellor:

Signature

Name:

Date:
