

## Counselling/Psychotherapy with Margaret Gray – Counsellor at City Therapy

Tel. + 353 85 8144135

[margaretgcounselling@gmail.com](mailto:margaretgcounselling@gmail.com)

[www.counsellingplusmediation.com](http://www.counsellingplusmediation.com)

### Client Contract

Sessions to take place \_\_\_\_\_ a week, on \_\_\_\_\_ at \_\_\_\_\_

Agreed fee: \_\_\_\_\_

#### Duration of Sessions

The duration of each counselling/psychotherapy session is 50 minutes.

#### Payment

##### ***In-person sessions:***

The client/s agrees to pay the above fee after each session by cash or cheque made out to Margaret Gray at the end of each session.

##### ***Online sessions:***

The client agrees to pay the agreed fee before each session via bank transfer using the following:

Margaret Gray, Bank of Ireland

BIC: BOFIE2D

IBAN: IE98 BOFI 9000 8420150866

#### Cancellation or Rescheduling of appointment

There is no fee for cancellations or rescheduling made with 48 hrs notice

***Please Note: A fee of 50% is due for cancellations made without 48 hours notice.***

***Notice must be sent via text to Margaret Gray at 085 8144135.***

Margaret reserves the right to cancel or postpone sessions if something unforeseen arises and will inform you as soon as possible. All fees paid will be refunded if you so wish or you will have the option to reschedule for an alternative day and time.

#### Number of sessions

The number of sessions required depends on your individual needs and the issues disclosed.

**Place of Counselling/psychotherapy**

All sessions will take place in person at City Therapy, 18 Dame Street, or online via Zoom or Skype

**Drug/Alcohol Use**

Sessions will not take place if you are under the influence of non-prescribed drugs and alcohol on the day of your appointment.

**Court and Legal Reports**

As the counsellor Margaret Gray is neither a medical or legal expert, she is not an expert witness. The only information she can supply is confirmation of attendance. Margaret does not provide reports for court purposes or resolution of medical or legal disputes.

**Confidentiality**

All counselling is confidential as laid down by the Irish Association of Counselling and Psychotherapy Code of Ethics.

Exceptions (Limitations to Confidentiality):

In certain circumstances Margaret Gray reserves the right to break confidentiality if necessary. These circumstances include:

1. If you (the client) discusses **information that may indicate a risk to children.**
2. If you (the client) disclose **an intention to cause harm to yourself or to others.**
3. If you (the client) give **information which indicates that a crime has been committed.**

In circumstances where Margaret Gray is requested to provide information about you by the Gardai or any other government or judicial body pursuant to a lawful order of a court or under such other legislative or statutory powers as may be applicable to the body.

I acknowledge that clients remain responsible for their own lives, even if that means they decide to take their own life. I encourage clients to seek help and support from the appropriate authority and I will encourage you as a client, if necessary, to call an ambulance where emergency assistance is required.

In all instances, if a decision is taken to break confidentiality, it will only be done after client consultation.

**GDPR**

Margaret Gray complies fully with the New General Data Protection Regulation that came into effect on May 25<sup>th</sup> 2018. By signing this agreement you are giving her consent to retain your details. You have a right to access and a right to amend any personal details held by Margaret. To access your personal data please send a request by email to Margaret Gray at margaretcounselling@gmail.com. Requests will be responded to within thirty days.

**Ethics and Professional Practice**

Margaret is a pre-accredited member of IACP and abides by their code of ethics. A copy of this code of ethics can be provided on demand. Margaret attends clinical supervision on a regular basis, as required by IACP.

By signing this contract, you agree to the above conditions.

Signed: \_\_\_\_\_ (Client 1) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Client 2) Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Counsellor) Date: \_\_\_\_\_

**Additional Optional Agreement**

As a psychological astrologer it can be helpful for me to occasionally use birth chart information from clients to help me in working with you.

If you agree to this, please sign below:

Signed: \_\_\_\_\_ (Client 1)

Signed \_\_\_\_\_ (Client 2)

Signed \_\_\_\_\_ (Counsellor)

Date: \_\_\_\_\_