

Titi Hill

BSc (Hons) Counselling, Registered MBACP

Tel: (+86) 186 1255 7824

Email: info@beijingcounselling.com

Counselling Agreement

Aim of Counselling

The aim of counselling is to provide you, with a confidential opportunity to explore personal and relational issues in safety. My role is to help you through this process without judgment or telling you what to do. I may on occasions give information or offer suggestions. I believe that my clients have the desire and the capacity to grow towards fulfilling their true potential and that they are the experts on their own lives. With greater self-awareness and trust in yourself, I hope that you will be able to make constructive changes, leading to a more satisfying and meaningful life.

Confidentiality / Limits

Everything you share with me in the course of our work together will be treated as highly confidential. However, there are one or two limits to confidentiality, which you need to be aware of:

- In accordance with the ethical framework of the British Association for Counselling and Psychotherapy (BACP), I am required to undertake regular supervision. For this purpose, I may disclose some details of our work to my supervisor with a coded name to respect your confidentiality.
- I may be legally or ethically obliged to break confidentiality, for example where I consider your welfare or the welfare of others to be seriously at risk.
- Wherever possible, I will consult with you before breaching confidentiality. Please avoid taking affect altering drugs or alcohol before a session or harm yourself in any way during the sessions. I would need to be informed if you are prescribed any medication.

Sessions

Our initial contract will run for **six weeks**, after which we will review the counselling process and negotiate further sessions as appropriate. We have agreed to meet on **(day & time) for 50 minutes**. This will commence on **the (date)**. It is expected that the session will begin at the agreed time. If you are not available or if you're unable to call within 20 minutes of the agreed appointment, this will be considered a cancellation and unfortunately, I will not be available for the remainder of the session. If technical issues were to prevent us meeting or interrupt a session so severely that we were not able to continue, I would refund you for that session or rearrange for another time.

Cancellation Policy

I'd appreciate 48 hours' notice if you are unable to attend your session. You will not be charged for appointments missed due to illness provided you give me at least 24 hours' notice. In an instance where no or insufficient notice is given on your part, I reserve the right to charge the full fee. In the event of a serious accident, emergency, or other similar situation outside your control, please deal with your situation first and notify me at the earliest convenient time, or I will follow up with you typically within 24 to 48 hours of the missed appointment. Likewise, if for any reason I have to cancel a session I will aim to provide you with 48 hours' notice, and you will not be charged for the session. When possible I will try to offer you an alternative time. Similarly, if I am unable to give you enough notice as above, you will get your next session free.



HILL DYNAMICS

REFLECT & CONNECT

Payments

Payment will be taken a week prior to each session via Bank Transfer, Credit Card, PayPal, WeChat or Yoopay. Your fee will be will be **950RMB per counselling session** or **4950RMB for the six week discounted bundle**.

Ending Counselling

Normally, the ending of the counselling contract would be by prior mutual agreement. When either of us thinks it is time to bring the therapy to an end, we will discuss this together in a session and decide if and how to do that. It is important to make a conscious ending to therapy. However, you have the right to end your counselling at any time. I would appreciate it if you would let me know if you decide not to come back, giving at least 48 hours' notice.

Ethical Framework

As a BACP registered counsellor, I am bound by its Ethical Framework for Good Practice and am subject to its complaints procedure.

Your Details

Client	
Telephone No.	
Doctor's Name	
Doctor's Telephone	
Date:	
Signed:	
Counsellor	
Date:	
Signed:	

