**CONFIDENTIALITY AGREEMENT**

**Please type or print the information requested below.**

|  |  |
| --- | --- |
| Client Name: |  |
| Address: |  |
| Telephone (M)/(H): |  |
| D.O.B.: |  |

It is agreed that the content of our working together will be conducted in accordance with the BABCP’s Ethical Practice in Counselling and Psychotherapy. I understand that any topics discussed while in counselling, training, conferences, seminars, or one on one discussion are for assessment, to assist you in a best possible format and are subject to strict professional standards of confidentiality.

This means that we agree to refrain from discussing your case and or sessions with any persons other than those directly involved of whom you have given previous consent. I understand that violation of this confidentiality agreement is unethical and grounds for cancellation of future sessions.

However, if during the course of therapeutic work we consider that you are likely to endanger or cause harm to either yourself or another person, I retain the right to consult or inform outside authority such as your GP or police. I will endeavour to inform you of my decision and explain my reasons prior to carrying out this action. However, we retain the right to do so without prior consultation with you should I consider that the urgency of the situation requires me to act immediately to safeguard the physical safety of yourself and others.

Note: You and Me Counselling are prepared to work with you in a professional counselling relationship and capacity. If you have read and understood the statement and we have answered all your questions satisfactorily, please sign below.

|  |  |
| --- | --- |
| Client Signature: | Date: |
| YMC Representative signature : | Date: |