

## Counselling and Social Work Services Contract

The following document is intended to form an agreement for a professional therapeutic relationship between the two parties outlined below. Failure to adhere to the agreed contract by either party may lead to the termination of the agreement. This contract is subject to re-negotiation at any stage of the working relationship by agreement of both parties.

To be completed by the client before the therapeutic work begins.

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **File No:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Ph:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**NOK:** \_\_\_\_\_

**Ph:** \_\_\_\_\_

I \_\_\_\_\_ DOB \_\_\_\_\_  
consent to the counselling and social work service with Heather Clay (Social Worker)

### **Time/Frequency/Location**

Counselling sessions will be a time, location and duration agreed to by both and dedicated to my counselling and social work needs.

**Time:** \_\_\_\_\_ **Duration:** \_\_\_\_\_

**Frequency:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Next Appointment:** \_\_\_\_\_

**Confidentiality**

It is agreed that the content of our work together will be conducted in accordance with the MANZASW and SWRB ethical and practice standards. However, should during the course of our work together I consider that you are likely to endanger or cause harm to either yourself or another person or you are at risk of harm from another person I retain the right to consult or inform an outside authority such as your GP, CYFS or the Police. I will endeavour to inform you of my decision and explain my reasons why prior to carrying out this actions. However, I retain the right to do so with out 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 or others.

Notes will be kept by Heather and retained in a locked cabinet and will be for the purposes of assessment, goal identification, treatment planning and progress.

**Information Disclosure**

The sharing of my information as needed with the following people only when necessary and agreed to by me:

**General Practitioner:**

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

**Family/Whanau/Friends:**

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

**Other Services Providers:**

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

Name: \_\_\_\_\_

Ph: \_\_\_\_\_

**Payment**

Payment will be made each session by cash or direct credit. There will be a penalty for sudden cancelations (within 24 hours of the agreed appointment time) or for non attendance.

**Heather Clay**  
**Clinical Social Worker & Supervisor**  
**SWRB 2924**  
**Ph: 021887767**  
[heather@heatherclay.co.nz](mailto:heather@heatherclay.co.nz)  
**Wanaka/Central Otago/Queenstown/Canterbury**