



Ian Rattray

Integrative Counselling and Therapy
Dip. Couns, BA, MSc., Registered MBACP (Accred)

Welcome

My name is Ian Rattray and I am an Accredited Member of the BACP (British Association for Counselling and Psychotherapy) and as such am bound by their Code of Ethics for good practice.

What is counselling and psychotherapy

Counselling and psychotherapy offers the opportunity to explore the issues concerning you in a safe, confidential and supportive space without judgement. By exploring your thoughts, feelings and actions with a therapist, either through talking or creative media, you can gain insight into and understanding of yourself, your challenges, and how you relate to others and the world in general. With a new perspective and greater awareness comes an opportunity to experience improved mental and emotional health, and to make appropriate change.

Sessions and process

Our initial session or sessions together is an assessment. Whilst this is not therapy you may find it therapeutic and we will aim to decide if working together is the best step for you.

We can then either make an open ended agreement, which means we will both commit to the therapy until our work together is complete with as many or few sessions as you need, or we can agree a particular number of sessions.

If the sessions are being funded by someone else such as an insurance company or a referring organisation, a maximum number of funded sessions may be agreed or authorisation may be required for further blocks of funded sessions.

In either case you may choose to end our work together whenever you wish, or you may find it draws to a natural ending. Where possible I invite you to have a closing session (or sessions) to say goodbye as this is an integral part of the therapeutic process.

Review of the work, including whether it is meeting your current needs or if it has been sufficient, is an ongoing process and I encourage you to bring any thoughts around this as they arise. We will, however, plan an informal review 6 sessions following the assessment.

Sessions will last 50 minutes and will normally take place on a weekly basis on the same day and at the same time, however, we can agree a different schedule if required.

If one of our situations changes or if there is a personal or ethical reason why we cannot continue to work together, we will agree the best way to end, for example with a closing session or sessions.

Very occasionally it may be necessary for me to refer you onward to someone else, for example, if your needs could be better met elsewhere.

Reasons for coming

I will work with you on what you choose to bring to each session. It can also be helpful to know your reasons for coming including areas you would especially like help with, and any specific aims or goals you may have in mind. These may change as the therapy progresses and if so we can explore this together.



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Fees, changes and cancellations

The fee for each session is £ *to be confirmed*. This is due on a session by session basis at or before the time of the appointment unless agreed otherwise, such as if your sessions are funded by an insurance company.

Should you need to change or cancel a session, please let me know with as much notice as possible by either phoning or texting on 07973 427488.

For changes or cancellations with less than 24 hours notice, and missed appointments, a fee of £ *to be confirmed* is payable regardless of the circumstances. This is due at the time the change or cancellation is made. Please visit <https://ianrattraytherapy.com/practiceinformation/> for any current exceptions to this.

If any fees are outstanding at any point further sessions may not be possible until payment has been received.

If you are unable to make the start of your session and cannot let me know, I will remain available for 30 minutes after the start of your appointment time. If you do then make the session it will finish at the usual time. If I haven't heard from you I will contact you as soon as possible afterwards to make clear arrangements for the next session.

Fees are subject to review biannually on 1st April and 1st October.

Confidentiality

I will provide the highest level of confidentiality possible according to the law and the BACP Ethical Framework for the Counselling Professions. This means anything we discuss will not be shared with others unless there is an exceptional circumstance:

- In situations of serious concern regarding your emotional or mental wellbeing I would encourage you to let someone know yourself, for example your GP. With your consent, I could do this on your behalf.
- In situations where you do not have the capacity to make the disclosure yourself, for example due to a severe mental health condition or learning disability, I may have to disclose confidential information without your consent. I would, however, always aim to inform you first.
- In certain situations of public interest, I would have a legal obligation to disclose information without your consent and would not be able to inform you prior to taking such action. For example, some illegal activities, acts of terrorism, risk of harm to others or child protection issues.

In sharing information, what is disclosed is kept to a minimum and with your explicit written consent where possible.

If you have been referred by an organisation or your GP, assessment details, an overview of progress or any concerns that arise may be shared with the referrer in order to support the therapy. A report detailing sessions attended and an overview of progress may also be required.

If your sessions are being funded by an organisation, insurance company or another person, for invoicing purposes and to ensure a joined up approach, the dates of sessions arranged or attended may be shared and, if necessary and required, sufficient identifying details.

Where other agencies are involved with your care, such as a GP, paediatrician, psychologist, police, CMHT, school or social services, if required I may share the fact that the therapy is taking place and details on general progress. Again this is to ensure a joined up approach.

Please speak to me if you have any concerns.

Counselling Information and Contract

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Professional Practice

To help progress over the sessions and monitor my work I will make brief case notes. As recommended by the BACP to ensure good practice I may also discuss our work in clinical supervision. All cases discussed in supervision are done so without using identifying details so that your privacy is maintained.

Complaints

If you are unhappy with the therapy sessions, I invite you to talk through your concerns with me in the first instance. If you are still dissatisfied you can contact the BACP as I am subject to their professional misconduct procedure.

As the client/ parent/ guardian on their behalf (please delete as appropriate), in signing below I confirm that,

- I have read, understood and agree to the contents of this document.
- I understand a fee of £ *to be confirmed* is payable for changes, cancellations and missed appointments with less than 24 hours notice.
- I give consent for my/ my child's personal and sensitive data, including case notes, to be safely stored by my counsellor for a period of 7 years after my/ their 18th birthday or the end of counselling if later, and then destroyed, and in the case of electronic data permanently deleted.
- I understand that, except for those fees covered by an Insurer or other Organisation, I am liable for all fees and that if any fees are outstanding further sessions may not be possible until payment has been received.
- If my sessions are funded by an Insurer, I understand that I am liable for fees for cancellations or missed appointments without due notice noted above as these are not covered by the Insurer. I understand I will be invoiced directly for these or any other fees not covered, such as due to an Excess on the policy.
- I confirm that I/ my child am/is not attending counselling elsewhere.
- Where other agencies or professionals are involved in my/ my child's care, I give my consent for the fact that the therapy is taking place and details on general progress to be shared if required.
- If signing on behalf of a child, I confirm I have informed my child's other parent(s) that the therapy is going to take place and agree to take full responsibility for sharing information regarding the therapy with them and other relevant parties, such as a GP, paediatrician, psychologist, police, CMHT, school or social services.

Name: _____

Relationship to child/ young person if signed on their behalf: _____

Signature: _____

Date: _____