



Client Registration Form - Confidential

**Personal Information**

Name .....

Address .....

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e-mail .....

Daytime telephone .....

Mobile phone .....

Evening telephone .....

Date of birth .....

**Doctor's Name and Address**

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.....

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Telephone .....

I have read the rules overleaf and I agree to them.

Signed ..... Date .....

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Fax: 0870 915 7223 Mobile: 07946 732506

web: [www.horizonscounselling.com](http://www.horizonscounselling.com)

12 Lawton Road  
Heaton Chapel  
Stockport  
SK4 2RG

These are my rules which help to safeguard us in our therapy work together:

### Time and Money

1. The duration of an individual session is 55 minutes.
2. Fees are as agreed between us. Please pay at the beginning of each session.
3. You agree to pay the full fee if you do not attend a session, or if you cancel for any reason without giving me 24 hours' notice.
4. When either of us senses that we are reaching the end of our work together, we agree to talk to the other about this.

### Protection

1. I shall not run the session if you are under the influence of alcohol or non-prescribed drugs.
2. Our work together will remain confidential between us (even when you are no longer a client) with the following limitations:
  - Sessions may be recorded for the purposes of Supervision, and I may talk in my Supervision Group about my work with you (without disclosing your identity).
  - If I believe that you will cause serious harm to yourself or others, as a last resort I may tell your doctor, emergency medical services or the police. I shall seek your consent before doing so, but I reserve the right to act without it.
  - If disclosure is required to protect my interests.
  - If I am legally compelled to give information.