



COUNSELLING AGREEMENT

We would kindly ask you to read and sign the following agreement. Please feel free to ask your counsellor any questions that might arise before you sign, as well as any other questions you might have during the course of your counselling.

1. I understand that this agreement is open-ended and that will be terminated at the end of counselling, or whenever my counsellor or I choose to do so.
2. I understand that the fee is € per session, which will be paid to my counsellor at the end of each session.
3. I will contact my counsellor as soon as possible if I am unable to attend any of my planned sessions. I understand that I will need to pay the session fee if I cancel an appointment less than 24hs in advance.
4. I understand that if I fail to attend two consecutive appointments without giving prior notice, Liberty Counselling Luxembourg has the right to terminate my agreement.
5. I understand that if my counsellor does not feel that she can offer the support I require, she will discuss options for referral to a more appropriate counsellor or agency.
6. I understand that if I do not feel comfortable with my counsellor, I can ask to be referred to another person.
7. I understand that all Liberty Counselling Luxembourg counsellors abide by a strict code of confidentiality, which means that my counsellor will not disclose any information about me to a third party without discussing with me first, unless under legal obligation to do so; however, I also understand that it is the duty of my counsellor to report situations when she has reason to believe that I am in significant risk of harming myself or others.
8. I understand that my counsellor receives regular professional supervision in relation to her counselling work and that that is bound by the same principles of confidentiality as mentioned above.
9. I will refrain from using alcohol or drugs (other than prescription drugs) prior to my counselling sessions. I understand that such use could lead to the termination of this agreement.
10. I understand that my counsellor might keep brief notes about the sessions, which I may request to see subject to prior notice.

I have read and understand the above agreement.

Name: Date:

Signature:

Counsellor:

Name: Date:

Signature