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Part A — Counselling and Psychotherapy Agreement

This agreement explains what you can expect from counselling or psychotherapy and what is expected of you as a client. We may review or amend it together by mutual agreement. A material breach may result in the service being paused or ended after discussion, where practicable.

1. Sessions, Location and Fees

Sessions last 60 minutes and will begin and end at the scheduled time, even if you arrive late. If you arrive more than 20 minutes late, the session will be considered missed and will be charged at the full fee.

Sessions may take place in person or online, as agreed in advance. The location or online platform for each appointment will be confirmed when the session is arranged.

To maintain focus, privacy, and emotional safety for all participants, therapy sessions are for adults only. We kindly ask that babies and children not attend. Please arrange childcare before your appointment.

The frequency of sessions will begin on a weekly or fortnightly basis, as agreed at the start of therapy. Over time, sessions may move to less frequent intervals as the therapeutic process evolves and depending on your needs.

Fees

€70.00 per session for Individuals

€100 for Couples Counselling

Fees are reviewed annually. Any change will be communicated in writing at least 30 days before it takes effect. Payment is due at the session by cash, Revolut or bank transfer unless another arrangement has been agreed.

In the event of non-payment, future sessions will be paused until the outstanding balance has been settled. Regular and timely payment helps support the consistency and integrity of the therapeutic process.

Session Reminders

With your consent, I may send a brief text reminder on the previous day. Reminders are a courtesy and may be delayed or fail, so you remain responsible for attending or cancelling on time.

Cancellation

A session cancelled or missed with less than 24 hours' notice is normally charged in full; an exceptional emergency may be considered at my discretion. Repeated missed sessions will be reviewed. For couples counselling, if only one partner attends a scheduled relationship session, the session will not proceed, and the full fee normally applies.

If I need to cancel a session due to illness or a personal emergency, I will make every effort to provide as much notice as possible and to reschedule the session at a time that is convenient and as close to the original date as possible.

2. Privacy and Data Protection

WeCare Counselling and Psychotherapy Services is the data controller for the personal and special-category health information you provide. Information is collected only as needed to assess suitability, deliver and administer therapy, maintain clinical and financial records, safeguard vital interests, and meet professional or legal duties. Processing must rely on an appropriate lawful basis and condition for health data; information is kept securely, shared only where necessary or required, and retained only for the period set out in the practice privacy notice. You may request access, correction, restriction, erasure where applicable, or object to certain processing, and you may raise a concern directly or with the Data Protection Commission. Ask for the current privacy notice for the precise lawful bases, recipients, retention periods, security arrangements and contact route before signing.

3. Confidentiality and Its Limits

Our work is confidential. I will disclose information only with your consent or where disclosure is necessary under law, professional ethics or serious-safety obligations, including the circumstances below; where safe and practicable, I will discuss the proposed disclosure with you first.

- As a mandated person under the Children First Act 2015, I must report to Tusla knowledge, belief or reasonable suspicion that a child has been harmed, is being harmed or is at risk of harm when the statutory threshold is met, and I may have to assist Tusla with its assessment.
- An adult's disclosure of childhood abuse may require a report where there are reasonable grounds to suspect that a person who is currently a child has been, is being or is at risk of being harmed.
- If there is a serious and imminent risk of harm to you or another person, I may contact an appropriate person or service to protect life or safety.
- Clinical work may be discussed in regular professional supervision using only the information necessary and, where possible, without identifying you; the supervisor is also bound by confidentiality.
- Information may also be disclosed when required by a valid court order or other legal obligation.

In relationship therapy, I work with the relationship. For this reason, I do not hold individual secrets that could impact the therapeutic process. Please do not share information with me privately that you wish to keep from your partner.

In the interests of transparency, please copy in the other partner any time you email me.

If, in the course of our relationship work together, it appears that the therapy is not advancing and meeting your needs, I will draw that to your attention, and we will explore it with a view to making a decision which is best for everyone, which may include temporarily ending the therapy and working individually with your own individual therapists.

4. Clinical Supervision

As part of ethical best practice, I attend clinical supervision. Client issues may be discussed in supervision in a confidential and anonymised manner.

5. Contact, Consent and Emergencies

Contact outside sessions is limited to practical matters such as appointments and is not monitored continuously. Text and email are not fully confidential, and no clinical detail should be sent unless agreed. I do not provide a crisis service. If you or another person is in immediate danger, phone 112 or 999 or attend the nearest emergency department; otherwise contact your GP, out-of-hours GP or existing mental health team.

6. Online Therapy and Client Conduct

For online or blended sessions, clients are expected to:

- Join from a private, quiet location in Ireland and confirm your current location and an emergency contact at the start of each online session when requested.
- Do not record, photograph, stream or allow another person to observe any session unless every participant has given prior written agreement.
- Attend without alcohol or non-prescribed drugs, and arrange appropriate childcare so the session remains private and uninterrupted.

7. Endings, Referrals and Complaints

You may end therapy at any time, ideally through a planned ending. I may recommend pausing or ending where therapy is no longer beneficial, safe, within my competence or ethically appropriate, and will discuss referral or alternative support where practicable. If you have a concern, please raise it with me first where appropriate; unresolved concerns may be taken through the current IACP complaints process.

8. Declaration and Consent

I confirm that I have read, understood and had an opportunity to ask questions about this agreement, the limits of confidentiality, the privacy notice, fees, cancellation terms, communication risks and online-session arrangements. I consent to counselling or psychotherapy on this basis and understand that consent may be reviewed or withdrawn, subject to legal and record-keeping obligations.

Client's printed name	**Signature**	**Date**

Psychotherapist's printed name	**Signature**	**Date**

Part B — Client Intake and History Form

Privacy note: The information in this form becomes part of your confidential clinical record and is handled in accordance with the practice privacy notice and the confidentiality limits in Part A. Please answer only what is relevant; we can discuss sensitive questions in session.

1. Basic Information

• Full Name: _____

• Date of Birth: ____ / ____ / ____

• Phone Number: _____

Email: _____

• Address: _____

GP name and practice, if clinically appropriate: _____

2. Emergency Contact

• Name: _____ Relationship: _____

• Phone: _____

Consent to contact this person in a serious safety concern: [ ] Yes [ ] No

3. Current Concerns & Goals

Why are you seeking therapy at this time? (e.g., anxiety, relationship issues, work stress, grief)
What are your primary goals for our sessions?

4. Health & Wellness

Are you currently taking prescribed psychiatric medication? [ ] Yes [ ] No [ ] Prefer to discuss

• If yes, please list: _____

• How is your physical health? [ ] Excellent [ ] Good [ ] Fair [ ] Poor

• Sleep Patterns: [ ] Normal [ ] Insomnia [ ] Sleeping too much

• Substance Use: How often do you use alcohol or recreational drugs?

• [ ] Never [ ] Occasionally [ ] Weekly [ ] Daily

5. Clinical Safety History

Have you ever had thoughts of harming yourself or another person? [ ] Yes [ ] No [ ] Prefer to discuss
If yes, are these thoughts current? [ ] Yes [ ] No; details or support needed: _____

Have you ever received inpatient or emergency mental health care? [ ] Yes [ ] No [ ] Prefer to discuss
If yes, when and what follow-up support was arranged? _____

Do you currently feel physically unsafe at home, work or elsewhere? [ ] Yes [ ] No [ ] Prefer to discuss
If yes, is there immediate danger today? [ ] Yes [ ] No; safe contact method: _____

Safety note: A "Yes" response will be discussed promptly so that appropriate support or a safety plan can be considered. This form is not monitored as a crisis service; if there is immediate danger, phone 112 or 999 or attend the nearest emergency department.

6. Social Support

• Relationship Status: _____

• Who is in your primary support system? (Friends, family, community)

7. Previous Therapy

Have you attended counselling, psychotherapy or another mental health service before? [ ] Yes [ ] No [ ] Prefer to discuss
If yes, when and for approximately how long? _____

• What did you find most helpful (or least helpful) about your past therapist?