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***Mr Steven Benton*** 69 Stroud Avenue Short Heath Willenhall WV12 4EB

Mob: 07999 333527

***The Counsellor***

I am a CBT therapist with full accreditation status with the BABCP. I have registered membership with the BACP. I am bound by their Standards of Conduct, performance, and ethics.

BABCP Membership No: 090102

BACP Membership No: 00589245

I work mainly as a Cognitive Behavioural Therapy (CBT) Therapist and integrate other approaches when appropriate and helpful. CBT is a talking therapy that helps you to identify unhelpful thoughts and behaviours. Together we set realistic goals to help you succeed in your recovery, and you are encouraged to be proactive with agenda setting at the start of each session.

Other approaches I use include, Person-centered, Acceptance & Commitment Therapy, Transactional Analysis, Mindfulness, and Egan’s Problem Management and Opportunity Development.

***Confidentiality and Records***

The content of the therapy session is confidential to you and me, but I might need to discuss my work with my Clinical Supervisor and/or Peer Supervision group. I will use your first name only and no other identifying details are shared during supervision. On rare occasions it might be necessary to share information with other professionals when I am legally obliged. For instance, if I became aware of a breach of national security or serious crime.

If I believe you will cause serious physical harm to yourself or another person, then I will not be able to retain confidentiality and I will need to share information with the relevant people. For instance, police, G.P. or Safeguarding Officer.

I make brief notes on my laptop after each session to aid our work, and session notes are kept separate from identifying client information. This prevents any unauthorized access from identifying client notes. Notes are kept in accordance with my governing bodies.

My laptop is password protected has virus protection installed.

I use secure online therapy conferencing formats such as Zoom but there is no technology that is 100% secure. Any data breaches will be discussed and the ICO notified accordingly. Ensure no one will interrupt the session and turn off any email notifications to prevent distractions.

My ICO number is ZB668718

I have personal Indemnity Insurance and I can provide a copy on request.

**Safeguarding**

Is the action that is taken to promote the welfare of children and adults to protect them from harm. If I believe there is a safeguarding concern, I will discuss this with you and together we will try and find a solution. If we cannot agree on a solution, I will have to share information with a Safeguarding Officer within 24hrs.

I am committed to offering good practice. If you are unhappy with my practice, please discuss this with me and I will endeavour to find a solution. If a solution is not found and you wish to make a complaint, you can contact the BABCP or BACP and they will support you further.

**Sessions and fees**

Sessions last approximately 50 minutes and the remaining 10 minutes is used for administration. The frequency of the sessions is governed by clinical need and mutual agreement in line with the treatment plan. Typically, sessions are weekly/biweekly in the early stages of treatment, and this can be increased as progress is made. The ending of therapy is left open because you will know when the time is right to stop. Safe endings are planned endings, and it is beneficial to discuss your decision rather than abruptly ending therapy. I suggest a minimum of one weeks’ notice to help us plan a safe ending to therapy.

My fee starts at £75 per session for self funding clients, and must be paid via BACS 24hrs before your session date. Different rates apply for insurance companies such as BUPA and AXA.

For those attending face to face therapy I will accept cash, and one week in advance payment is required.

I do offer reductions to people on low incomes and my fee starts at £60. Places are limited.

**Cancellation**

You agree to give me a minimum of 24hrs notice should you need to cancel a session and will pay for sessions without this notice. Emergency situations are exempt from this agreement.

If I am unable to see you due to an emergency, I will give you notice as soon as possible.

**I will not see you if you are under the influence of alcohol and/or drugs.**

**PLEASE READ THIS CONTRACT CAREFULLY**

Check it is what we have agreed together. If you wish to make changes to our contract, I am willing to discuss this, and if appropriate I will accommodate your wishes. This agreement is fully understood and agreed to and is signed as it stands by:

Client Name / digital signature:

Therapist digital signature: ***Steve Benton***

Date:13/05/2025

Client Name ……………………………………………………………… DOB…………………………………….

Address …………………………………………………………………….

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G.P. Name…………………………………………………………………..

Address ……………………………………………………………………..

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Permission to contact G.P. …………………………………………. Optional

Emergency Contact No ………………………………………………. Optional