



TONY J O'REILLY
COUNSELLING & PSYCHOTHERAPY

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THERAPY/COUNSELLING PSYCHOTHERAPY AGREEMENT

1. Session Bookings, Times and Frequency

Usually, we meet weekly or bi-weekly initially with each session lasting 50-60 minutes.

All sessions will be held *Online via* – Zoom, Skype or Telephone (Zoom is recommended due to level of encryption and password protection).

All therapy appointment bookings are made via my website on the [contact page](#) or by phone

2. Booking information for Online Appointments:

Please download Zoom (version 5) from <https://zoom.us/download>

In advance of our appointments, you will receive an invitation to join our Zoom therapy meeting via email. This will also include a meeting 'password' number to provide extra security. To join our meeting, follow the steps when prompted: <https://zoom.us/join>

The agreed time will be yours. In our initial free consultation session, we will explore your therapeutic needs/goals and periodically discuss progress and identify and address issues to work on within the following sessions.

Note: The initial consultation appointment is an evaluation of your therapeutic needs. It is also a way of exploring whether this therapeutic approach is suitable for your therapeutic goals/needs. In this regard, please note that you may require an onward referral to an alternative specialist service or clinician.

3. Counselling Fees & Report Writing

The Fee for Therapy is as follows;

€60 Online therapy bookings are made by Phone, Text or Email and payments can be made on the [Online Counselling](#) page on our website www.tonyjoreilly.ie

- Payment online is within 48 hours of the provisional booking to confirm the appointment.
- You will receive a receipt after booking has been made.

- Any report writing, impact statements or GP report letter writing requested is charged at an hourly therapeutic rate. Please note that I do not provide a diagnostic service. Should you wish to ascertain whether you meet the DSM criteria for a mental health diagnosis, this would be undertaken via your GP or within private/public psychiatric healthcare/clinician services.
- As with standard counselling and psychotherapy practice, 48 hours cancellation notice is required. Less than 48 hours or missed sessions are charged for at full session cost. However, I do try to accommodate needs to for change (see below for details).

4. Cancellation or Change of Appointments

A minimum of 48 hours notice (2 full working days) is required in order to cancel a session. If this is not possible, the fee will still be required unless there has been an emergency in which case this will be waived. If possible, I will endeavour to re-schedule a session during the same week (if you have not been in a position to give 48 hour's notice), however, this would be subject to availability of appointment times. As a Counselling Psychotherapist I ensure that I work within ethical guidelines and as such, with a limited number of clients and schedule accordingly.

5. Therapist's Cancellations

Should it be necessary for me to re-schedule a session, you will be notified at least 48 hours in advance, except in emergencies, and an attempt will be made to offer an alternative appointment time within the same week. If this is not possible, I offer the following appointment without a fee.

6. Competence - Qualifications

It is important that your therapist is qualified and accredited with a professional body. Please note my qualifications and accreditation details below:

Tony J O'Reilly is qualified and accredited in the following therapeutic approaches:

BSc in Counselling & Psychotherapy with Middlesex University (PCI College) – Fully Accredited with the Addiction Counsellors of Ireland

Motivational Interviewing – CBT for Gambling Addiction – Brief Solution Based Therapy – Person Centred Therapy – Emotional Regulation Techniques regarding Gambling Addiction

I aim to provide a suitable therapeutic approach or combination of approaches best suited to your therapeutic goals.

7. Commitment to the process

Having made the decision to attend counselling or therapy, it is important that you attend regularly. The process of counselling or therapy is working towards healing or overcoming an issue or working towards therapeutic goals and attending regularly ensures that this process is being undertaken. Too many gaps between appointments usually slows down the progress of our therapeutic work when we are aiming towards a satisfactory resolution of these issues. However, individuals also need to reflect on their therapeutic needs and what is reasonable for them in terms of therapy attendance. Therapy can be challenging at times and it requires a personal commitment to work through personal emotional, behavioural and psychological change. It is important to discuss your process with your therapist to ensure you receive the appropriate therapeutic support and pacing.

8. Contact outside of sessions

The telephone numbers (via contact page on my website) I have provided are for use in the case of cancellations or alterations although it can be easier to respond to emails in regard to rescheduling appointments. Please be aware that I may not be able to respond to your call immediately as I may be in a session and messages and emails will only be picked up on an irregular basis throughout the day, therefore in an emergency you are advised to call for medical help/advice through a GP. I will however reply to all emergency messages as soon as possible.

- **Dual Relationships and social media:** Therapists are expected to respect boundaries and expectations about forming relationships online. To preserve the integrity of the therapeutic relationship and protect confidentiality, I would not respond to any requests for “friendship,” business contacts, direct or @replies, blog responses or requests for a blog response within social media sites.

9. Confidentiality for Online Bookings

If you are attending Online counselling psychotherapy via Zoom, Skype or Telephone, please ensure that you book your appointment at a time that you are unlikely to be disturbed and also that your therapy can be provided in a confidential space (without interruption by your colleagues or family members depending on where your online therapy is being received). Should there be someone in your shared space (room), please let me know at the beginning of our appointment. We will need to end the therapy session and reschedule.

Also, in the spirit of therapy provision and in the interests of confidentiality for the client and also the therapist, I require that the confidentiality of our appointments are maintained and that they are **not recorded**. Please indicate that by signing this agreement, you agree to this. I also agree to the same.

The content of our sessions is confidential to you, the client and to me the counsellor/psychotherapist. I may occasionally need to discuss my therapeutic work with my supervisor (as required by accredited members of ACI, APCP, NAPCP, IACP, and BACP). I do not disclose the identity of any client during professional supervision.

10. Record Keeping

Storage of your client records including completed between session work is stored in compliance with Data Protection and the Code of Ethics of the Addiction Counsellors of Ireland (ACI). Client details and notes can only be accessed by myself or on request by a court of law. They are stored in a coded/locked area and will be destroyed after seven years as required by my accreditation body (ACI).

I also recommend that you store any therapeutic between session work e.g. completed thought records, journals etc. in a confidential space.

11. Limits of confidentiality

In exceptional circumstances, where I am concerned for your welfare, or that of others e.g. actual risk of suicide or actual threat to self or others or in cases of childhood sexual abuse identification disclosure, it would be necessary to seek additional support outside the Counselling/therapeutic relationship and to contact relevant support agencies. In the case of a disclosure concerning acts of violence, or acts specific to the children’s act, confidentiality will be broken, and I am bound to liaise

with the relevant authority. This is required of all mandated persons such as counselling psychotherapists.

Also, as we work online and I am committed to your health and welfare, it would be helpful to have a next of kin/close relationship contact that you would nominate to contact in case of an emergency. In providing information regarding the designated person and GP details, you also grant permission to contact, should this be deemed essential by your therapist.

See Below for Emergency Contact Details and Consent

12. Designated person or next of kin contact:

Name: ----- Contact No: -----

I agree to inform the above named person of this arrangement. I also agree that the next of kin or designated contact person can be contacted should there be an emergency.

GP Name: Contact No:

Address:

Nearest hospital/emergency clinic:

Name: Contact No.

Address:

13. Endings (Termination)

In the normal course of events you will generally know when you are ready to finish Counselling/Psychotherapy, and we will agree together on the work we need to do to prepare for this in a planned way and to support relapse prevention. You may at times find psychotherapy challenging and feel the desire to end. I would ask you to bring this to your therapy to explore further rather than suddenly ending, as this could well deprive us of the chance of resolving important issues.

I will not suddenly or without warning terminate our contract, except in exceptional circumstances, which would become clear in the course of the/our work together, which we would fully discuss at that time.

14. Ethics and code of conduct

I am an accredited member of the Addiction Counsellors of Ireland and work within the ethical framework for good practice in Counselling and Psychotherapy, as laid down by these accrediting organisations. Further information on these frameworks can be accessed on the relevant websites.

Psychotherapist & Client Consent

I agree to undertake Counselling/psychotherapy in accordance with the terms outlined above in this agreement.

Client's signature:

Date :

Contact Address:

I, agree to provide a Counselling/psychotherapy service in accordance with the terms outlined above in this agreement.

Therapist signature:

Date :

Contact Address:

- For online clients, please type your name, sign and date and indicate via return email that you accept the therapeutic agreement. Please return this page signed copy (you can scan or take a picture and send by return email) as an attachment in advance of our second session. We will discuss the agreement and answer any concerns in your follow up appointment.