

ADDENDUM TO COUNSELLING AGREEMENT

This note is an addendum to the agreement entered into by the client and Shine Counselling (“the parties”) covering issues related to the 2020 COVID-19 (coronavirus) outbreak (“the virus”).

Precautions

Please take all reasonable precautions against bringing the virus into the therapy room, including

- washing your hands with soap and water for at least 20 seconds before coming into the therapy room
- cover your mouth and nose with a tissue or your sleeve when you cough or sneeze
- put used tissues in the bin immediately and wash your hands afterwards
- do not come into the therapy room if you feel unwell or have come into close contact with someone who is unwell

Latest health advice is published on the NHS website at <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Cancellations

Please continue to advise cancellations at the earliest opportunity, and at least 24 hours in advance, by calling/texting 07899 985190 or emailing cancel@shine-counselling.co.uk.

In the event of the either party contracting the virus or otherwise being forced to enter a period of self-isolation, that party shall advise the other at the earliest possible opportunity. Shine Counselling will make best endeavours to continue counselling either by telephone or video-conferencing, or, in the event of prolonged absence by the counsellor, will provide details of alternative service providers the client may wish to work with on a temporary basis. Should none of these measures be possible or suitable, counselling will be suspended for a period of time agreed between both parties. Upon resumption of counselling, Shine Counselling will make best endeavours to offer the client appointments on the same day/time as they were attending before the interruption to the service.

Confidentiality

In the event of a counsellor or any of his clients becoming affected by the virus, there is a possibility that, to prevent further spread of the virus, he may have to disclose client details (limited to name and contact details) to the relevant health authorities. By signing this addendum, the client agrees to this disclosure under these specific circumstances.

Name _____ Signed _____ (client) Date _____

Name _____ Signed _____ (counsellor) Date _____