

**CONTRACTUAL AGREEMENT FOR NARRATIVE COUNSELING SERVICE  
DELIVERY**

**CHILD SERVICE DELIVERY CONTRACT**

This agreement is between Donovan Weber, a narrative counsellor in private practice (hereafter referred to as the Counsellor), and the undersigned parents/legal guardians of the minor child concerned.

**1. Services Provided:**

The Counsellor agrees to provide narrative counselling services to the minor child named:

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**2. Scope of Counselling:**

The counselling services will focus on the following areas, as discussed, and agreed upon by the Counsellor and the undersigned parents/legal guardians:

Brief description of the counselling goals and objectives.

**3. Confidentiality:**

The Counsellor acknowledges the importance of maintaining confidentiality in the counselling relationship. However, limitations to confidentiality may apply in situations where the child's safety or the safety of others is at risk. The undersigned parents/legal guardians will be informed of any necessary breach of confidentiality.

**4. Parental Involvement:**

The undersigned parents/legal guardians agree to actively participate in the counselling process when required. This may include attending joint sessions, providing relevant information, and supporting the implementation of recommended strategies.

**5. Frequency and Duration:**

The Counsellor and the undersigned parents/legal guardians will collaboratively determine the frequency and duration of counselling sessions. Any changes to the agreed-upon schedule will be communicated in advance.

**6. Fees and Payment:**

The fees for counselling services are as follows:

Session Fee: **See Fees structure.**

Payment Schedule: Payment is expected at the beginning or end of each session. Late or missed payments may result in a pause or termination of services.

**7. Termination of Services:**

Either party may terminate this agreement with reasonable notice. The Counsellor reserves the right to terminate services if, in their professional judgment, continued counselling is not in the best interest of the child.

**8. Communication:**

Effective communication between the Counsellor and the undersigned parents/legal guardians is essential. Regular updates on the child's progress and any concerns will be shared promptly.

**9. Agreement Acknowledgment:**

By signing below, the undersigned parents/legal guardians acknowledge that they have read, understood, and agreed to the terms and conditions outlined in this contractual agreement.

Client (Parent/Guardian) Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Donovan Weber, Narrative Counsellor

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This contract is valid upon the signatures of all parties involved and is intended to facilitate a collaborative and effective counselling process for the well-being of the child.