

Francesca Dod (MBACP) Accredited  
Counselling and Psychotherapy

Contract and Privacy Statement



**Registered Member 400601**  
**MBACP (Accred)**

My primary focus is to provide safe and effective therapy with a commitment to your wellbeing. This document is a summary of the terms and conditions.

### **Information Held**

1. I collect and retain client contact information supplied to me both electronically and on paper including: phone numbers, address, names of next of kin, signatures, contracts etc.
2. I collect and retain brief notes from our session, which you can access and have a copy on request.

These do not contain identifying information.

3. Where relevant or requested, I retain receipts showing your first name, amount paid and date or transfer details.
4. I retain a diary showing appointments where clients are identified by first name only.
5. I retain a code list to identify clients by initials to reference number on notes

### **Data Collection and Processing**

The purpose of retaining point 1 above is for us to communicate, or in an emergency to contact your next of kin/medical help.

The purpose of me retaining point 2 is to assist me to offer therapy e.g. by monitoring outcomes of psychological exercises agreed as homework, by recording changes in thoughts and feelings and tracking progress towards personal goals. Please refer to our contract details of when it may be necessary for me to break confidentiality without consent.

The purpose of retaining points 3 and 4 is to keep the records required and manage my caseload for HMRC for accounting and tax reasons.

The purpose for retaining point 5 is to preserve client anonymity.

For the above 5 points: my lawful basis for retaining this information is to fulfil my contractual obligations and legal obligations to you and for legitimate interests.

### **Rights of the Individual**

You have the rights: to be informed, to restrict processing, to data portability, to erasure, and the right to rectification, of access to an object. These are not absolute rights.

### **Data Retention**

Information supplied in point 1 will be retained for 6 months after sessions have ended and will be secured separately from client notes.

Information in point 2 and 3 will be retained for 7 years after sessions have ended and stored separately from client notes. Electronic notes will be stored/printed off and stored as above. All notes will be deleted/shredded after 7 years.

## **Counselling, Psychotherapy**

I am a BACP Accredited Counsellor and Psychotherapist. I am bound by their code of ethics and practice and subject to their complaints procedure. I work using an integrated model of counselling and psychotherapy including person-centred approach, attachment theory and cognitive behavioural therapy. I am committed to providing a safe, therapeutic environment for my clients.

Please note that I am based in England and as such, this contract and the sessional work is bound by and subject to English Law. This applies if you reside in a country other than England. Recordings are not permitted. My insurance includes personal indemnity and public liability. If you are unhappy with the service, you can contact the BACP.

## **Confidentiality**

Details of therapy session will be kept in the strictest confidence. Notes will be made of sessions as is standard practice, and these will be stored securely in line with the GDPR (General Data Protection Regulation).

At no time will identifying information about you be given to anyone outside of the therapy relationship unless any of the exceptions, as outlines below, apply:

If you have been referred by a doctor, employer or insurance company, a brief note of presenting problems and progress may be given, and a discharge report sent once therapy has ended. If you wish, you may see copies of letters before they are sent and amend them if there are any concerns about the content.

In accordance with professional practice, I will sometimes discuss my work in supervision with professional colleagues. No identifying information will be used in these discussions. The main purpose of supervision is to help maintain high professional standards through peer discussion and the sharing of good practice.

## **Breaking Confidentiality**

Everything discussed in session is protected by patient confidentiality laws. There are rare occasions where confidentiality cannot be guaranteed. These are:

- Where there is a risk of harm to others relating to serious crime or breach of national security.
- Where there is thought to be an imminent risk of serious harm to yourself.
- If I am required to do so by a court of law

Wherever possible, these serious concerns will be discussed with you before any breach of confidentiality takes place.

## **Ending Therapy**

The last few sessions of Therapy include working on relapse prevention. This involves looking at strategies to help you maintain the improvements you have achieved in therapy. If you wish to cease counselling/therapy, you may do so at any time, but I ask that at least one session after this decision is made is attended to ensure a proper ending is completed between us.

## **Sessions and Fees**

Sessions will be 50 minutes weekly (unless otherwise agreed). I charge £85 per 50 min session.

**Appointments cancelled with less than 24 hours' notice will incur a fee of £40. You will be charged the full fee for a missed session without notice. Sessions start at the agreed time and end at the agreed time.**

Session fees are payable before each session by bank transfer (see below for details).

I will not see you if you are under the influence of alcohol and/or drugs. In the event that I must cancel a session due to illness, I will give as much notice as possible and offer an alternative time. I will inform you of my holidays in advance.

## **Payment Details: (Will be provided following referral)**

Please read this contract carefully before signing below. In signing, you are agreeing to the above terms and conditions. That means that you have agreed to pay for counselling/therapy. Fees are payable prior to the start of each session. Sessions cannot go ahead without pre-payment.

This agreement is fully understood and agreed to, and is signed as it stands.

**Name:**

Address:

Telephone:

Signature:

Date:

Next of kin name:

Next of kin number:

## **If under 18:**

Parent/ Guardian Name:

Telephone:

Signature:

Date