**Confidentiality and Data** Protection **Policy**

The General Data Protection Regulation (GDPR) sets out rules regarding the handling of your personal information. This policy sets out what data I collect, how it is stored and with whom it may be shared.

1 Personal information I collect:

* Your name
* Date of birth
* Relationships and progeny
* Occupation
* Address
* Contact number/s with permission to contact you and leave a message
* Email address
* Counselling history
* Medical conditions relevant to counselling
* Your GP details
* Prescribed medication
* Difficulties

2 How I store the information

* Paper – I keep paper records which will be securely stored. The documents stored include this policy, brief session notes, your contact details, counselling agreement and assessment record.
* Mobile Phone – I will store your contact number on my mobile, which is protected with a cypher. I will use your client code and initials to identify you. I will only contact you outside a planned session in case of emergency or safeguarding issue, or in the event that I need to change/arrange an appointment.
* Email – Your email address and correspondence will be stored in my email account by nature of you contacting me. I will only contact you by email in case of emergency or safeguarding issue, in the event that I need to change/arrange an appointment, to send you documentation such as our agreement, or to remind you about payment.
* Bank Payment – If you pay for your session by bank transfer your name may appear on my bank statement. My account is paperless. I access my bank account via a password protected app on my cypher protected mobile phone.
* Website – None of your personal information is stored on my website.

3 How I process or share your personal information

* Supervision - I seek professional consultation with a supervisor. The purpose of supervision is to ensure ethical practice and my supervisor is bound by the same confidentiality I provide you. During supervision, I will only refer to you using your first name. In order to protect your privacy my supervisor will not know you personally or professionally.
* Therapeutic will – In the event of my death or serious incapacitation, your name and contact details will be shared with my Therapeutic Executer so you can be contacted should you still be meeting with me.
* Health – If your health is in jeopardy, I may share your contact information with an emergency healthcare service or contact your GP. I may contact your chosen emergency contact. I may discuss these options with you at the time or, in rare circumstances, contact them immediately without prior discussion.

If I become aware of your intent to harm another person or organisation (e.g. by act of terrorism) the law requires that I inform an authority without seeking your permission. In such a situation, the law may require that I share your personal information without your consent.

* Erasing electronic information – When we have finished working together, I will erase electronic copies of your information & correspondence within 24 months.
* Paper documents – I will hold written information for up to seven years from the date we finish working with each other. This is so that I have a reference of our work in situations such as you returning to counselling with me in the future. After this time has passed, I will shred the documents.
* For sessions via Freddies Wish: Some details will have been shared with Freddies Wish, such as your contact details, when you approached them about their service. In addition, some case content may be shared at assessment meetings, and those present at these meetings will treat all information with sensitivity.

*I understand I have the right to be informed what information is held, to see the information (free of charge for the initial request), to rectify any inaccurate of incomplete personal data and to withdraw consent to my personal information being used. I understand I can request that my information be erased, although this may be declined whilst the information is required for you to practice lawfully and competently.*

*Name/s Signature/s Date*