Trauma Healing Together

Data Protection

This form is in accordance with data protection, our policies and Privacy Notice and the new General Data Protection Regulations (May 2018).

In this form we tell you about the personal data we hold on you and ask that you give us your explicit written consent to do so. We explain about the limits of confidentiality and ask your permission to contact your GP or other health professionals in order to establish that counselling with us is appropriate if required. We also ask for confirmation of your details and who we can contact in the event of an emergency.

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Personal Data and Record Keeping

I understand that Trauma Healing Together (THT) is the data processor and will hold personal data on me. I consent to having this data recorded and processed and that the lawful basis for this is in order to establish if it is appropriate to provide me with a contract for counselling services. I undertake that the information I provide will be fair, accurate and in return understand that it will be kept securely and up to date in order for THT to offer me the best possible care. I acknowledge that I have the right to access this information and that this information will only be kept for long as is necessary for this purpose. I am aware that I can be provided with information about how long records are kept for.

All information disclosed within sessions and the written records are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law or if there is significant risk of harm.

The professional liability insurer for my counsellor advises that we keep this data for 6 years. After that time my information and notes will be destroyed.

I understand that my counsellor will consult regularly with their clinical supervisor as well as a peer supervision group made up of THT staff and student counsellors only; however, I also understand that my full name or other identifying information is never disclosed. My identity remains completely anonymous, and confidentiality is maintained other than for purposes of processing your information within THT.

I understand that THT undertakes to maintain, update and process my personal data in accordance with the principles of the Data Protection Act 1998, the GDPR (effective May 2018) and the Ethical Framework for the Counselling Professions (July 2016).

Sharing of Information & Confidentiality

No information will be passed to a third party including my employer without my knowledge or permission unless there is convincing evidence that I intend to harm myself or others. In this case my counsellor may need to break confidentiality by informing my Doctor, or in serious cases the Police, emergency services, or other appropriate third party. Every effort possible will be made to discuss this with me before this step is taken.

If I decide that I would like to engage in counselling after this session, I understand that I will be required to enter and agree to another contract; one that is designed for longer term therapy.

Please now sign below to indicate that you have read and are happy with the information outlined in this contract. Thank you.

Client Name: ……

Telephone Number: ……

Client Signature: ……

Dated: ……