

CLIENT AGREEMENT

Statements of understanding	Please tick
I understand that all clinical information shared with my therapist will remain confidential within their service except where they believe there may be a risk of harm to myself or others, or where there's a legal duty of disclosure.	
I understand that my therapist has case supervision with their supervisor where a broad outline of my case may be discussed as a part of the supervisory process and that no identifying details will be revealed.	
I understand that if my therapy is being delivered via the telephone or a teleconferencing platform that no platform is 100% secure although every effort is made to use only those platforms that have been deemed to offer good quality security. Recording of sessions will be undertaken by either party only with informed, explicit consent.	
I have read and understood the Information for Clients sheet.	
<p>I have read the Privacy Notice and understand that any data held or processed by my therapist will be done so in accordance with the Data Protection Act (2018) and General Data Protection Regulation (GDPR). In relation to this personal data, which will include case record notes, contact information and written correspondence (whether by email, letter or online messaging service) I understand that there is lawful basis for processing this personal information: legitimate business interests relating to the service being provided, legal duty and entering into or performing the contract between us.</p> <p>I further understand that my therapist will</p> <ul style="list-style-type: none"> ● use my contact details only to get in touch with me about matters relating to my treatment, such as appointments and to provide helpful information, where appropriate. ● not share my personal information with other individuals or organisations, except where they have reason to believe that I or others to be at risk of harm, or where there is a legal duty to disclose it. ● retain a record of my treatment for a period of 7 years, in accordance with professional and insurance requirements and will take steps to ensure the accuracy and security of the record. ● provide me with access to the information they hold about me, if I request it. 	
I understand the arrangements regarding payment for sessions and that a cancellation fee will be payable if an appointment is cancelled with less than 24 hours' notice.	

Signed _____ Date _____

PRINT NAME _____