

Shelley Williams BSc (Hons) PgDip. BPC FPC UKCP
Psychodynamic Psychotherapist

Privacy Notice

General Data Protection Regulation 2018

Contact details

I ask for your consent to hold on file your name, address, email, telephone number, date of birth and GP details, for the purpose of providing a professional service in accordance with the ethics and code of conduct set out by my professional bodies (BPC; UKCP). *I will not share this information unless in exceptional circumstances where there is risk of harm to yourself or others, or where I am required to do so by law. In such circumstances every effort will be made to talk to you about this first.*

Records

For legal purposes I hold basic attendance records, using your initials only, and signed copies of the Privacy Notice and Therapy Agreement, for a limited period of five years after therapy ends, after which they are disposed of securely. Client contact and GP details are shredded within four weeks of work ending. Anonymised clinical notes written for the purpose of supervision may be held for a limited time where this benefits ongoing work, in the interests of best practice, and are shredded after use.

Professional will

I entrust two registered professional colleagues, known as my 'professional executors,' with the knowledge of how to access client contact details so that in the unlikely event of my death or incapacitation you will be informed and, if appropriate, offered information about further professional help. For this purpose, your basic contact details are held in a secure, password-protected online document until therapy ends.

Please read and sign below if you agree to the following:

I have read and understood the privacy policy above. I know that I can ask for further details regarding this policy if I so wish, and that this will be given freely. I give consent for the information I have provided to be kept on file in accordance with the privacy policy outlined above.

Name (PRINT).....

Signed.....

Date.....

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STRICTLY CONFIDENTIAL

Client contact details

Title: _____ Full Name: _____

Address: _____

Date of birth: _____

Telephone: _____

Do you consent to me contacting you by text message? YES/NO

Do you consent to me contacting you by telephone/leaving a voicemail? YES/NO

Email: _____

Do you consent to me contacting you by email? YES/NO

Consent for contact with other professionals

I request that all new clients provide me with the name and contact details of their GP, whom I will contact only in the case of emergency.

Do you consent to me contacting your GP in case of emergency? YES/NO

GP Name: _____

Address: _____

Telephone: _____

If you are currently receiving psychiatric treatment, I ask for your consent for me to contact your psychiatrist to ascertain his/her agreement to you commencing psychotherapy, together with any other recommendation he/she may make.

Do you consent to me contacting your psychiatrist? YES/NO N/A

Psychiatrist Name:

Address:

Telephone: