



Claire Wilson MBACP

General Data Protection Regulation Statement

The General Data Protection Regulation (GDPR) is concerned with personal information that I collect, store and share. Please read this document and sign to indicate that you agree with my procedures.

Personal Information I Collect

• Name	• Gender (or preferred identity)	• Age
• Date of Birth	• Relationships & Progeny	• Occupation
• Address	• Email address	• Session Summary
• Counselling History	• Medical conditions	• Prescribed medication
• Difficulties	• Telephone/SMS number (& permission to send SMS & leave voice message)	

How I store your Personal Information.

Storage Methods:

- **Paper:** written notes made as part of our Initial Contact/Assessment and ongoing session summaries are kept in a locked filing cabinet. Because I keep some personal data, I am registered with the Information Commissioners Office (registration number ZA264971).
- **Smartphone:** I will store your contact information in my phone in order to contact you in an emergency where I may not have access to your file. I will delete you information from my phone 1 month after our work has finished.
- **Email/SMS/WhatsApp:** your email address and correspondence will be stored in my email account (currently Gmail) by nature of you contacting me. Your telephone number may be stored in my SMS or WhatsApp app should we exchange messages this way. Electronic correspondence will also be held by the corresponding app (Gmail, Phone's SMS, WhatsApp)
- **Website:** none of your personal information is stored on my website, other than to momentarily collect & send it to my Gmail account for the purposes of our initial contact. Additionally I have a privacy statement available on my webpage.

Documents Held

Paper...

• Contact Sheet	• Contract/Agreement	• Assessment Record
• Brief Session Notes	• GDPR Agreement	• Client Code (linking documents)

Electronic...

- Contact name & telephone • Email/SMS/WhatsApp.



How I may Process/Share your Personal Information

- **Clinical Supervision**
I seek a monthly consultation with another therapist qualified in this process. The consultation process is for my practice (rather than seeking instruction on working with you). In order to protect your privacy, my consultant will not know you personally nor professionally. I will refer to you by your first name, and I may refer to you information verbally when it's helpful to my professional processes.
- **Therapeutic Will**
Your name and contact details will be shared with my Therapeutic Executor. This is so that you will be contacted on the event of my death, should you still be in therapy with me.
- **Emergencies**
If your health is in jeopardy (provided I have your consent) I may share your contact information with an emergency healthcare service (e.g. Mental Health Crisis Team). If I have become aware of your intent to cause harm to another person/organisation (e.g. terrorism), the law may require 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 knowledge (known as: whistle-blowing).
- **Erasing your Information**
When we have finished working together, I will erase electronic copies of your information & correspondence within one month. I will hold onto your written information for up to seven years past the end of our working together. This is so that I have a reference of our previous weekly sessions should you return to counselling in the future. After this time has passed, I will shred the written information.

Your Rights

You have the following rights...

- To be informed what information I hold (i.e. this document)
- To see the information I hold about you (free of charge for the initial request)
- To rectify any inaccurate or incomplete personal information
- To withdraw consent to me using your personal information
- To request your personal information be erased (though I can decline whilst the information is needed for my competent practice).

This document is signed & dated by both client and counsellor to confirm our agreement.

Client: (printed): _____ **Signed:** _____

Dated: _____

Counsellor: Claire Wilson

Signed: _____

Dated: _____