

Privacy Policy and Consent for Disclosure

It is the policy of Catalyst Counselling CIC to seek and obtain explicit consent from an individual for the main ways in which the Centre may hold and process personal information concerning them. This notice sets out the obligations on Catalyst Counselling under General Data Protection Registration (GDPR) and how we collect, process and use information.

How and when we collect Information about you:

1. When you give it to us directly – in person, by email, telephone or post
2. When we obtain it indirectly – from a referring agency, such as the medical profession, social services, or an Employment Assistance Programme. In these circumstances you should already have given consent for us to receive information.

The information that we collect:

In addition to keeping your contact details, we will also hold information about your age, gender, General Practitioner, and details of your history which you have given us. We also record brief details about each session content and retain these within the Centre. We do not store information electronically, except for your email address. All other information is stored in paper form and is kept securely locked away according to GDPR. The sensitivity of client information is well understood by all our staff, and all are trained to understand their duty of confidentiality and have this written into their contracts

How we use your information:

1. To contact you, when necessary
2. To relay information to a third party, when you have given us consent to do so.
3. To monitor professional practice and maintain standards; for example, by taking our work to supervision – there is a requirement under the Ethical Framework set out by the BACP, that our work is supervised. Every attempt is made to preserve your anonymity within the discussion.
4. Private/personal information will not be shared without your consent unless there is a legal or ethical reason which requires us to do so. This would be in such circumstances as:
 - Where a child or vulnerable adult could be at risk of abuse or neglect
 - Where we have serious concerns about your wellbeing, or where there may be potential harm to others
 - Where we are told something that suggests that money laundering is taking place

In all instances where we would need to contact a third party under these terms, the counsellor would discuss with you, the concerns which have arisen. The counsellor would explain the action that the Centre wishes to take and would hope to agree this with you. Only then would a third party be contacted.

Access to Records

You are able to see your records. To do so you would need to write a letter applying for access. This would also entail a cost for administrative purposes.

CONFIDENTIALITY CONSENT FORM

I have been given a copy of this form which sets out the Catalyst Privacy Policy and Consent for Disclosure. (If no, the reason must be recorded). This document has been discussed at my assessment and I understand the contents

YES NO

Signed Print Name

I understand that Catalyst Counselling holds information about me on file and that I can ask to see this information.

It is normal practice to inform your GP when you begin and end your counselling. This is simply a matter of stating the relevant dates of starting and finishing.

If you have referred yourself to Catalyst and do not wish your GP to know about your counselling, we will respect your wishes. However, if during the course of your counselling, serious concerns arise for your safety or the safety of others, we would need to inform your GP of our concerns. In contacting your GP in these circumstances, we would only state that we have concerns.

If you have been referred by a psychiatrist, or where your assessor is concerned about your well-being, we will need to seek back-up information from your GP. This is to ensure that the counselling we offer is appropriate to you. For this, we need your written permission, and request that you complete the section below.

I agree that Catalyst Counselling may share information about me with other professionals and agencies, when situations require this. I give consent for Catalyst to be given relevant medical/psychiatric information by:

- GP
- Psychiatrist
- Mental Health Professionals

Name and contact details of GP, psychiatrist, or other

Signature: Date

Print name

Court Proceedings

Please be aware that if you are in the process of any type of Court Proceedings, we could be asked about your attendance here.

Please tick the box if you are in process of any legal proceedings, and sign that you have understood this

Signature Date

Print Name